

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90040 001 \*\*\*\*61.25

**DOCUMENT # N00000008128**

1. Entity Name

**ENTREPRENEUR'S CLUB OF BROWARD, INC.**



Principal Place of Business

**5720 MARGATE BLVD.  
MARGATE FL 33063**

Mailing Address

**PO BOX 93-4125  
MARGATE FL 33093**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>PD BAKER, PAUL 5720 MARGATE BLVD. MARGATE FL 33063</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	<b>VD HARELIK, CANDACE 1100 EAST OAKLAND PARK BOULEVARD FORT LAUDERDALE FL 33334</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>VD OWEN KAUFMAN 1900 S OCEAN BLVD POMPANO BEACH FL 33062</b>
<input type="checkbox"/> Delete	<b>STD PEEPLES, BROOKSIE 5720 MARGATE BLVD. MARGATE FL 33063</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>T.D.</b>
<input type="checkbox"/> Delete	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>SD ANITA ROUSER 2650 N. ANDREWS AVE FT LAUDERDALE, FL 33305</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03 954-565-6771

CR2E037 (10/02)