2002 UNIFORM BUSINESS REPORT (UBR)

Jan 21, 2002 8:00 am s Secretary of State **DOCUMENT # N00862** 1. Entity Name YOUNG MEN'S CHRISTIAN ASSOCIATION OF BROWARD COU 01-21-2002 90009 035 ****70.00 NTY, FLORIDA, INC. Principal Place of Business Mailing Address 5100 NORTH FEDERAL HWY 5100 NORTH FEDERAL HWY SUITE 300-B SUITE 300-B FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE. Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0624463 Not Applicable Zip Country \$8.75 Additional M 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JEZEK. MICHAEL E 5100 NORTH FEDERAL HWY SUITE 300-B 1 Zin Code City FT LAUDERDALE FL 33308 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. SIGNATURE __ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. CD Past-Chair Change ☐ Addition ☐ Delete TITLE TITLE LOCHRIE, ROBERT NAME 200 EAST BROWARD BLVD #15TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33301 CITY-ST-ZIP (CD) Chair D۷ Change ☐ Addition TITI F ☐ Delete TITLE PRADO, MARTA NAME NAME STREET ADDRESS 1900 NW 32 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 ____.Change ☐ Addition ☐ Delete TITLE TITLE BENSON, ROLAND NAME NAME **303 SE 17 STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33316 ☐ Change ☐ Addition TITLE ☐ Delete TITLE REPETSKI, MARK S NAME NAME STREET ADDRESS **4241 NE 25 AVENUE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Addition SD ☐ Change ☐ Delete TITLE TEMPLETON, HENRY NAME NAME STREET ADDRESS STREET ADDRESS 115 S ANDREWS AVENUE #433 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 TITLE ☐ Delete TITLE ☐ Change ☐ Addition JEZEK, MICHAEL E NAME NAME STREET ADDRESS 5100 NORTH FEDERAL HIGHWAY #300B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308

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 truster empowerel; to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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changed, or on an attachment with

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