

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90162 011 ****61.25

DOCUMENT # N01000001112

1. Entity Name

DAVIE BOULEVARD CIVIC RENAISSANCE, INC.



Principal Place of Business

**3516 S.W. 15TH ST.
FORT LAUDERDALE FL 33312**

Mailing Address

**3516 S.W. 15TH ST.
FORT LAUDERDALE FL 33312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0080219**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NIEDERRITER, VIRGIL
140 SW 21 WAY
FT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	NIEDERRITER, VIRGIL	
STREET ADDRESS	104 SW 21 WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BUCHER, CINDY	
STREET ADDRESS	1770 SOUTHWEST 37 WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DUPUIS, MARJORIE	
STREET ADDRESS	3516 SW 15TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUPUIS, LEO	
STREET ADDRESS	3516 SW 15TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAUK, KATIE	
STREET ADDRESS	3787 S.W. 17TH ST.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT, LOUISE	
STREET ADDRESS	1861 S.W. 36TH TERR.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

(Marjorie Dupuis)

2/11/03 954-584-1621

CR2E037 (10/02)