

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

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90054 016 \*\*\*\*61.25

<b>DOCUMENT # N02000000211</b>					
1. Entity Name <b>CORAL SPRINGS REPUBLICAN CLUB, INC.</b>					
Principal Place of Business <b>4975 NW 106TH WAY CORAL SPRINGS FL 33076</b>			Mailing Address <b>4975 NW 106TH WAY CORAL SPRINGS FL 33076</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1155315</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RIVERNIDER, ROBERT</b> <b>4975 NW 106TH WAY</b> <b>CORAL SPRINGS FL 33076</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <i>Robert H. R.</i>		DATE <b>1-13-03</b>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PERDUE, JIM</b>		NAME	<b>Lynne Brownstein</b>	<b>D</b>
STREET ADDRESS	<b>4975 NW 106TH WAY</b>		STREET ADDRESS	<b>9309 NW 61 St</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33076</b>		CITY-ST-ZIP	<b>Tamarac, FL 33321</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RIVERNIDER, ROBERT</b>		NAME	<b>Ardis Cerny</b>	<b>D</b>
STREET ADDRESS	<b>4975 NW 106TH WAY</b>		STREET ADDRESS	<b>10965 NW 71<sup>st</sup> Ct.</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33076</b>		CITY-ST-ZIP	<b>Parkland, FL 33076</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>Marian Eikenberg</b>	<b>D</b>
STREET ADDRESS			STREET ADDRESS	<b>11151 NW 26<sup>th</sup> Drive</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Coral Springs, FL 33065</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Lynne Brownstein</i>		DATE: <b>1/13/03</b>		DAYTIME PHONE: <b>954-721-1577</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	

CR2E037 (10/02)