

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

FILED
May 05, 2003 8:00 am
Secretary of State

4/1

04-17-2003 90614 030 ****61.25

DOCUMENT # N02000004203

1. Entity Name

**CWA LOCAL 3104 SCHOLARSHIP FUND IN MEMORY OF DAN
NY BYERS, INC.**



Principal Place of Business

**3121 SW 15 ST
POMPANO BCH FL 33069**

Mailing Address

**3121 SW 15 ST
POMPANO BCH FL 33069**

55037898



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0423810

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DONOHUE, JIMMY
3121 SW 15 ST
POMPANO BCH FL 33069**

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 D	NAME DONOHUE, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS 3121 SW 15 ST		
CITY-ST-ZIP POMPANO BCH FL 33069		
TITLE ST	NAME SCOTT, JEANNE	<input type="checkbox"/> Delete
STREET ADDRESS 3121 SW 15 ST		
CITY-ST-ZIP POMPANO BCH FL 33069		
TITLE D	NAME THUMBO, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS 3121 SW 15 ST		
CITY-ST-ZIP POMPANO BCH FL 33069		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE EXEC VICE PRES	NAME DEVANE, MICHAEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3121 SW 15 ST		
CITY-ST-ZIP POMPANO BCH, FL 33069		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

954 970-3104

Daytime Phone #

CR2E037 (10/02)