

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

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

05-05-2003 90174 041 *****61.25

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DOCUMENT # N02000008732

1. Entity Name

THE SOUTH BROWARD PROGRESSIVE ALLIANCE INC.



Principal Place of Business

**3210 CRYSTAL WAY
MIRAMAR FL 33025**

Mailing Address

**3210 CRYSTAL WAY
MIRAMAR FL 33025**

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

56-2343674

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

7. Name and Address of New Registered Agent

**PEDLAR, GEORGE
3210 CRYSTAL WAY
MIRAMAR FL 33025**

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

TITLE **PD** ☐ Delete
NAME **PEDLAR, GEORGE S**
STREET ADDRESS **3210 CRYSTAL WAY**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **GEORGIA D.N. ROBINSON**
STREET ADDRESS **4325 W. SUNRISE BLVD.**
CITY-ST-ZIP **PLANTATION, FLORIDA 33313**

TITLE **VD** ☐ Delete
NAME **EDWARDS, CARSON**
STREET ADDRESS **18199 NW 61 COURT**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **WENDY A. FINLAY**
STREET ADDRESS **9571 W. DAFFODIL LANE**
CITY-ST-ZIP **MIRAMAR, FLORIDA 33025**

TITLE **TD** ☐ Delete
NAME **SALMON, LEIGHTON G**
STREET ADDRESS **9913 SW 16TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☐ Delete
NAME **MURPHY, SONJA**
STREET ADDRESS **9791 WEST FERN LANE**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **LIMAGE, JEAN-HAROLD**
STREET ADDRESS **513 S.W. 176TH WAY**
CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **BENT, DENNISTON**
STREET ADDRESS **301 S.W. 86 AVE APT. 206**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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:

GEORGE PEDLAR 4/22/03 954-802-0199

CR2E037 (10/02)