

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

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

09-05-2003 90111 044 ****61.25

0008178

DOCUMENT # N02000009776

1. Entity Name

BROWARD AQUATICS PARENT BOOSTER CLUB INC.



Principal Place of Business

**2201 NORTH 50 AVENUE
HOLLYWOOD FL 33021**

Mailing Address

**2201 NORTH 50 AVENUE
HOLLYWOOD FL 33021**

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

11-3657516

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHORKEY, MARTIN
2201 NORTH 50 AVENUE
HOLLYWOOD FL 33021**

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
After September 10, 2003, min will be \$236.25**

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	PD	<input type="checkbox"/> Delete
NAME	SHORKEY, MARTIN	
STREET ADDRESS	2201 NORTH 50 AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHERZER, ROBERT	
STREET ADDRESS	15400 DERBY COURT	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MATEVISH, JONNA	
STREET ADDRESS	3148 PEACHTREE CIRCLE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DELGADO, LUISA	
STREET ADDRESS	4351 SW 100 TERRACE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terri Haeffner	
STREET ADDRESS	19501 E. ST Andrews Dr.	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	Jackie Baron (T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16354 Basilia ST	
STREET ADDRESS	cooper city, FL 33026	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-1-03 954-961-1749

CR2E037 (4/03)