

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90013 009 ****61.25

DOCUMENT # N08426

1. Entity Name

BROWARD SHERIFF'S ADVISORY COUNCIL, INC.

Principal Place of Business

277 SW 33RD COURT
FT LAUDERDALE FL 33315-3305
US

Mailing Address

277 SW 33RD COURT
FT LAUDERDALE FL 33315-3305
US

736442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2929 E. Commercial Blvd.
Suite, Apt. #, etc.
Suite 409
City & State
Fort Lauderdale, Florida

3. Mailing Address

8930 State Road 84
Suite, Apt. #, etc.
313
City & State
Davie, Florida

4. FEI Number

59-2600022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BAUMGARTEN, PHILLIP S
277 S.W. 33RD COURT
FT. LAUDERDALE FL 33306~~

7. Name and Address of New Registered Agent

Name

Mr. Hyman Indowsky

Street Address (P.O. Box Number is Not Acceptable)

2929 E. Commercial Blvd.

Suite 409

City

Fort Lauderdale

FL

Zip Code

33308

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.

SIGNATURE

Hyman Indowsky

Hyman Indowsky, Registered Agent

3-12-01

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NIEHAUS, ROBERT	
STREET ADDRESS	5960 NE 28TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PHILLIP BAUMGARTEN	
STREET ADDRESS	277 SW 33RD COURT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WINDRIDGE, FRED	
STREET ADDRESS	2 ISLA BAHIA TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENS, JAMES	
STREET ADDRESS	200 FIESTA WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRICKLAND, WILTON	
STREET ADDRESS	2897 N.E. 25TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, ERIC ESQ	
STREET ADDRESS	2510 DEL LAGO DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	

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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Indowsky, Hyman	
STREET ADDRESS	2929 E. Commercial Blvd., Ste. 409	
CITY-ST-ZIP	Fort Lauderdale, FL 33308	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cyktor, Louis	
STREET ADDRESS	2510 Del Lago Drive	
CITY-ST-ZIP	Fort Lauderdale, FL 33316	
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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guerra, Donald	
STREET ADDRESS	3400 N. Federal Highway	
CITY-ST-ZIP	Fort Lauderdale, FL 33064	

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

Hyman Indowsky

954-491-1950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)