

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11432

1. Entity Name

THE POMPANO AREA CHAMBER POLITICAL ACTION COMMIT

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90005 039 ****61.25

Principal Place of Business 2200 E. ATLANTIC BLVD. POMPANO BEACH FL 33062 US	Mailing Address %DOUGLAS EVERETT 2200 E. ATLANTIC BLVD. POMPANO BEACH FL 33062-5210 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1740659	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EVERETT, DOUGLAS 2200 E. ATLANTIC BLVD. POMPANO BEACH FL 33062
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD CORRELL, GARY 3417 N.E. 31ST AVENUE LIGHTHOUSE POINT FL 33064 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TRIVIGNO, MARSHA 1001 N.E. 3RD AVENUE POMPANO BEACH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVERETT, DOUGLAS 2200 E. ATLANTIC BLVD. POMPANO BEACH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAFFE, DANIEL 1575 S. FEDERAL HWY BOCA RATON FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURMAN, FRANK JR 1314 E. ATLANTIC BLVD POMPANO BEACH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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: Douglas M. Everett, Pres 1-7-00 934-944-2740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)