

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90071 020 ****61.25

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DOCUMENT # N15527

1. Entity Name

NORTH BROWARD BAR ASSOCIATION, INC.

Principal Place of Business

10100 W SAMPLE RD
STE 200
CORAL SPRINGS FL 33065
US

Mailing Address

10100 W SAMPLE RD
STE 200
CORAL SPRINGS FL 33065
US

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

65-0775391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

OATES, DANIEL E
10100 W SAMPLE RD
STE 200
CORAL SPRINGS FL 33065

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME BABEY, SANDRA J ESQ
STREET ADDRESS 10100 W SAMPLE RD STE 200
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☒ Change ☐ Addition
NAME President, Director
Selbach, Jeffrey P.
STREET ADDRESS 2401 E. Atlantic Blvd #400
CITY-ST-ZIP Pompano Bch, FL 33062

TITLE VD ☐ Delete
NAME SELBACH, JEFFREY P ESQ
STREET ADDRESS 2401 E ATLANTIC BLVD #400
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☒ Change ☐ Addition
NAME Vice-Pres., Director
Schulte, Nemia
STREET ADDRESS 2335 E. Atlantic Blvd #300
CITY-ST-ZIP Pompano Bch, FL 33062

TITLE SD ☐ Delete
NAME SCHULTE, NEMIA
STREET ADDRESS 2335 E ATLANTIC BLVD. #300
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☒ Change ☐ Addition
NAME Secretary, Director
shaw, Jennifer
STREET ADDRESS 1401 University Dr., Ste 301
CITY-ST-ZIP Coral Springs, FL 33071

TITLE TD ☐ Delete
NAME SHAW, JENNIFER
STREET ADDRESS 1401 UNIVERSITY DR STE 301
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ Change ☒ Addition
NAME Treasurer, Director
Pomm, Michael Robert
STREET ADDRESS 2189 SE 9th St.
CITY-ST-ZIP Pompano Bch, FL 33062-6701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jennifer Shaw, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/01

CR2E037 (10/00)