## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N16777

May 06, 2002 8:00 AM Secretary of State

Entity Name: BROWARD WORKSHOP POLITICAL ACTION COMMITTEE, INCOPRPORATED

**Current Principal Place of Business: New Principal Place of Business:** 

625 N.E. 4TH STREET 6701 N. HIATUS ROAD

FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33321 US US

**Current Mailing Address: New Mailing Address:** 

625 N.E. 4TH ST 6701 N. HIATUS ROAD

FT. LAUDERDALE, FL 33303 US FT. LAUDERDALE, FL 33321 US

FEI Number: 59-2723155 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MAYHUE, CARL L KOENIG, KEITH

625 NE 4TH ST 6701 NORTH HIATUS ROAD

FT. LAUDERDALE, FL 33301 US US FT. LAUDERDALE, FL 33321

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: KEITH KOENIG 05/06/2002

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DAT () Delete (X) Change ( ) Addition

MAYHUE, CARL L., KOENIG, KEITH Name: Name:

625 NE 4TH STREET Address: 6701 N. HIATUS ROAD Address:

City-St-Zip: FT. LAUDERDALE, FL City-St-Zip: FT. LAUDERDALE, FL 33321 US

Title: DVP () Delete Title: () Change () Addition

DUKE, DAVIS W JR Name: Name: Address: 1700 E LAS OLAS BLVD #PH-1 Address: City-St-Zip: FT LAUDERDALE, FL City-St-Zip:

Title: () Delete Title: () Change () Addition

BANKS, WALTER, Name: Name: 1700 S. OCEAN LANE Address: Address: City-St-Zip: FT. LAUDERDALE, FL City-St-Zip:

Title: DS () Delete Title: () Change () Addition

Name: NOLAN, ANTHONY A., Name: Address: 2321 WILTON DRIVE Address: City-St-Zip: FT. LAUDERDALE, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH KOENIG DAT 05/06/2002