

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90140 020 ****70.00

DOCUMENT # N22649

1. Entity Name

BROADVIEW COUNTRY CLUB ESTATES CIVIC ASSOCIATION

Principal Place of Business

Mailing Address

1880 SW 62ND AVE
POMPANO BEACH FL 33068-4520
US1560 SW 63RD AVE
POMPANO BEACH FL 33068-4520
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

59-6215284

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

GRAZIOSE, GERALD J.
1560 SW 63RD AVE
POMPANO BEACH FL 33068-4520

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.

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	GRAZIOSE, GERALD	1560 SW 63RD AVE	POMPANO BEACH FL 33068				
VD	JOHNSON, ROBERT	6201 S.W. 16 COURT	POMPANO BEACH FL 33068				
TD	CLYDE, JOYCE	6201 SW 18 CT	POMPANO BEACH FL 33068				
SD	LANNI, JANET	6286 SW 20 ST	POMPANO BEACH FL 33068				
D	SMITH, PAUL	6230 SW 16 CT	POMAPNO BCH FL 33068				
D	MONTERO, SAMUEL	1500 SW 63RD AVE	POMAPANO BCH FL 33068				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GERALD J. GRAZIOSE 1-26-02 (954) 765-6300

Date

Daytime Phone #

CR2E037 (9/01)