

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23878

1. Entity Name

MORTGAGE BANKERS ASSOCIATION OF BROWARD COUNTY,

Principal Place of Business

2915 PALM AIRE DR NO  
POMPANO BCH FL 33069  
US

Mailing Address

2915 PALM AIRE DR NO  
POMPANO BCH FL 33069-3406  
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

65-0077338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BYER, PAUL A  
2915 PALM AIRE DR NORTH  
POMPANO BCH FL 33069

7. Name and Address of New Registered Agent

Name **KELLY ROGERS**

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

**3716 VICTORIA DRIVE**

City **WEST PALM BEACH, FL**

Zip Code **33406**

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

TITLE **DPP** ☒ Delete  
NAME **SCHILLER, W ROY**  
STREET ADDRESS **315 IVY LN**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ Delete  
NAME **READ, DAVID**  
STREET ADDRESS **5317 NW 33RD AVE SUITE 208**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **S** ☐ Delete  
NAME **ROGERS, KELLY**  
STREET ADDRESS **3716 VICTORIA DR.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **TD** ☐ Delete  
NAME **BYER, PAUL A**  
STREET ADDRESS **2915 PALM AIRE DR NO**  
CITY-ST-ZIP **POMPANO BCH FL**

TITLE **PD** ☐ Delete  
NAME **GLENN, BLAIR**  
STREET ADDRESS **2820 NE 23RD ST**  
CITY-ST-ZIP **POMPANO BCH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT, DIRECTOR** ☐ Change ☒ Addition  
NAME **ED SOLOMON**  
STREET ADDRESS **7100 W. CAMINO REAL BLVD. SUITE 403**  
CITY-ST-ZIP **BOCA RATON, FL. 33433**

TITLE **SECRETARY, DIRECTOR** ☐ Change ☒ Addition  
NAME **GREG BEAM**  
STREET ADDRESS **2255 GLADES RD. SUITE 140W**  
CITY-ST-ZIP **BOCA RATON, FL. 33434**

TITLE **TREASURER, DIRECTOR** ☐ Change ☒ Addition  
NAME **KAY WARREN**  
STREET ADDRESS **7301 N.W. 4TH ST. SUITE 102**  
CITY-ST-ZIP **PLANTATION, FL. 33324**

TITLE **DIRECTOR** ☒ Change ☐ Addition  
NAME **PAUL A. BYER**  
STREET ADDRESS **2915 PALM AIRE DR. NO.**  
CITY-ST-ZIP **POMPANO BEACH, FL.**

TITLE **DIRECTOR** ☒ Change ☐ Addition  
NAME **BLAIR GLENN**  
STREET ADDRESS **2820 N.E. 23RD. ST.**  
CITY-ST-ZIP **POMPANO BEACH, FL.**

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90085 031 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)