

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-16-2001 90009 008 ****61.25

DOCUMENT # N23878

1. Entity Name

MORTGAGE BANKERS ASSOCIATION OF BROWARD COUNTY,

Principal Place of Business

Mailing Address

2915 PALM AIRE DR NO
 POMPANO BCH FL 33069
 US

2915 PALM AIRE DR NO
 POMPANO BCH FL 33069
 US

2. Principal Place of Business

17725 84th Ct North
 Suite, Apt. #, etc.

3. Mailing Address

17725 84th Ct North
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Loxahatchee FL

City & State

Loxahatchee FL

4. FEI Number

65-0077338

Applied For

Not Applicable

Zip

33470

Country

Zip

33470

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROGERS, KELLY
 3716 VICTORIA DRIVE
 WEST PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name Kelly Rogers
 Street Address (P.O. Box Number is Not Acceptable)
 17725 84th Ct North
 City Loxahatchee FL Zip Code 33470

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

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

TITLE S
 NAME ROGERS, KELLY
 STREET ADDRESS 3716 VICTORIA DR.
 CITY-ST-ZIP WEST PALM BEACH FL 33408 ☐ Delete

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
 NAME President Ed Solomon
 STREET ADDRESS 7100 W Laming Road Blvd #403
 CITY-ST-ZIP Doral Fla FL 33433 ☐ Change ☒ Addition

TITLE D
 NAME Vice President Sandi Thomas
 STREET ADDRESS 1446 W. Indianwood Rd
 CITY-ST-ZIP Jupiter, FL 33458 ☐ Change ☒ Addition

TITLE S
 NAME Kelly Rogers
 STREET ADDRESS 17725 84th Ct North
 CITY-ST-ZIP Loxahatchee FL 33470 ☒ Change ☐ Addition

TITLE D
 NAME Director Jan Greenberg
 STREET ADDRESS 213 NW 71st Ave
 CITY-ST-ZIP Coral Springs, FL 33071 ☐ Change ☒ Addition

TITLE D
 NAME Director Paul Byer
 STREET ADDRESS 2915 Palm Aire Dr No
 CITY-ST-ZIP Pompano Beach FL ☐ Change ☒ Addition

TITLE D
 NAME Dorell Schwartz
 STREET ADDRESS 500 W Cypress Creek Blvd #190
 CITY-ST-ZIP Ft. Lauderdale, FL 33304 ☐ 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:

Kelly Rogers
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2ED37 (10/00)