2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jul 05, 2000 8:00 am Secretary of State 1. Entity Name CENTURY 21 NORTH BROWARD COUNCIL 06-08-2000 90022 017 \*\*\*\*61.25 Principal Place of Business Mailing Address 2838 UNIVERSITY DRIVE 7855 W SAMPLE ROAD CORAL SPRINGS, FL 33065-4709 CORAL SPRINGS, FL 33065 3. Mailing Address 2. Principal Place of Business 2826 UNIVERSITY DRIVE 722 RIVERSIDE DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, &lc. City & State 4. FEI Number Applied For City & State CORAL SPRINGS, FL 65-0150139 Not Applicable CORAL\_SPRINGS. Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33065 US 33071 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KIRKWOOD, ELAINE .. Street Address (P.O. Box Number is Not Acceptable) 78554 W-SAMPLE-ROAD 722-RIVERSIDE-DRIVE -CORAL SPRINGS, FL 33065 33071 CORAL SPRINGS 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. SIGNATU (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$81.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition IIILE 🔯 Delete TITLE ☐ Change NAME NAME REINHART, SCOTT STREET ADDRESS STREET ADDRESS 3251 N FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL Change ☐ Addition Delete TITLE TITLE KIRKWOOD, ELAINE NAME NAME STREET AUDRESS 7855 N SAMPLE ROAD STREET ADDRESS 722 RIVERSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33065 Addition TITLE ☐ Chagge TITLE ☐ Delete NAME NAME LLOYD NASTASE STREET ADDRESS STREET ADDRESS =722=RIVERSIDE-DRIVE-CITY-ST-ZIP CITY-ST-70P CORAL SPRINGS, FL 33071 ☐ Change Addition Defeta TITLE TITLE AbD NAME NAME CHRISTINE HANSEN STREET ADDRESS STREET ADDRESS 3010 E COMMERCIAL BLVD. CITY- ST-718 CITY-ST-ZIP LAUDERDALE FL ###)\* ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-702 CITY-ST-71P Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied 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 of the receiver of the receiver or trustee empowered.