

2001 UNIFORM BUSINESS REPORT (UBR) 5/31

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-03-2001 91119 017 ****61.25

DOCUMENT # N33150 (6)

1. Entity Name

CENTURY 21 NORTH BROWARD COUNCIL.

Principal Place of Business 722 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071 US	Mailing Address 722 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071 US
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2. Principal Place of Business 722 RIVERSIDE DRIVE Suite, Apt. #, etc.	3. Mailing Address 722 RIVERSIDE DRIVE Suite, Apt. #, etc.
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City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS
Zip 33071	Country US

4. FEI Number 65-0150139	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELAINE KIRKWOOD
 722 RIVERSIDE DRIVE
 CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name 722 RIVERSIDE DRIVE
Street Address (P.O. Box Number is Not Acceptable) 722 RIVERSIDE DRIVE
City CORAL SPRINGS FL Zip Code 33071

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT D LLOYD NASTASE 722 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT D CHRISTINE HANSEN 3010 E. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER D ELAINE KIRKWOOD 722 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: ELAINE KIRKWOOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 954-753-6000

Date

Daytime Phone #

CR2E037 (11/00)