

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90053 049 ****70.00

DOCUMENT # N35256

1. Entity Name

FLORIDA LIVE STEAMERS SOUTHERN DIVISION INC.

Principal Place of Business

Mailing Address

TRADEWINDS PARK
 3600 W SAMPLE RD
 COCONUT CREEK FL 33073
 US

C/O BETTE GOODWIN
 4960 N.W. 15TH STREET
 LAUDERHILL FL 33313-5515

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

65-0171880

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARCHER, EDWARD
 7383 HIGH RIDGE ROAD
 LANTANA FL 33462

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:
FEF 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **HOLLAHAN, JONATHAN**
 STREET ADDRESS **701 SANDALWOOD LN**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **P** ☐ Change ☐ Addition
 NAME **(SAME)**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☒ Delete
 NAME **ARCHER, TARA**
 STREET ADDRESS **7383 HIGH RIDGE RD**
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE **VP** ☒ Change ☒ Addition
 NAME **BRUNO, ANNE**
 STREET ADDRESS **1531 N.E. 33 CT**
 CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **T** ☐ Delete
 NAME **GOODWIN, BETTE**
 STREET ADDRESS **4960 NW 15 ST**
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **T** ☐ Change ☐ Addition
 NAME **(SAME)**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **GRUBER, ROSE**
 STREET ADDRESS **525 NORTH OCEAN BLVD APT 1920**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **S** ☐ Change ☐ Addition
 NAME **(SAME)**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BRUNO, ANNE**
 STREET ADDRESS **1531 NE 33 CT**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **D** ☒ Change ☐ Addition
 NAME **ANDERSON, ROBERT**
 STREET ADDRESS **2118 N.E. 15 TERRACE**
 CITY-ST-ZIP **WILTON MANORS, FL 33305**

TITLE **D** ☐ Delete
 NAME **ECKERT, WAYNE**
 STREET ADDRESS **PO BOX 1175**
 CITY-ST-ZIP **DANIA FL 33004**

TITLE **D** ☐ Change ☐ Addition
 NAME **(SAME)**
 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:

Bette Goodwin **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2000 (954) 735-1460

Date Daytime Phone #

CR2E037 (9/99)

(SEE ATTACHED SHEET)

#N35256

ATTACHMENT

D0040968

FLORIDA LIVE STEAMERS - SOUTHERN DIVISION, INC.

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ITEM 11 (CONT.)

CHANGES

D

BRAND, NORMAN

18575 EGRET WAY

BOCA RATON, FL 33496

D

BRILLANT, CHARLES

5714 N.W. 65 TERRACE

TAMARAC, FL 33321