

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36310

1. Entity Name

METRO BROWARD ECONOMIC DEVELOPMENT CORPORATION I

Principal Place of Business

3800 W BROWARD BLVD.  
NATIONS BANK BLDG.  
FT. LAUDERDALE FL 33312  
US

Mailing Address

3800 W BROWARD BLVD.  
NATIONS BANK BLDG.  
FT. LAUDERDALE FL 33312-1018  
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

65-0200546

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, ALDWIN C.  
3800 W. BROWARD BLVD.  
NATIONS BANK BLDG.  
FT. LAUDERDALE FL 33312

Name

SHERYL A. DICKEY, CHAIR

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

3800 WEST BROWARD BOULEVARD

FT. LAUDERDALE, FL 33312

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

SHERYL A. DICKEY, CHAIR/ACTING CEO

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D 1ST VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	LAMBERT, LES	
STREET ADDRESS	ONE FINANCIAL PLAZA, 9TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, ALDWIN	
STREET ADDRESS	3800 W BROWARD BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D TREASURER	<input type="checkbox"/> Delete
NAME	ASH, ANTHONY	
STREET ADDRESS	6650 GRIFFIN ROAD	
CITY-ST-ZIP	DAVE FL	
TITLE	DS SECRETARY	<input type="checkbox"/> Delete
NAME	CLUTTER, MICHAEL	
STREET ADDRESS	ONE E. BROWARD BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	CT 2ND VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	TAYLOR, NORMAN	
STREET ADDRESS	115 S ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SHERYL A. DICKEY, CHAIR	<input type="checkbox"/> Delete
NAME	547 NW 9th Avenue	
STREET ADDRESS	Fort Lauderdale, Fl 33311	
CITY-ST-ZIP		

TITLE	SHERYL A. DICKEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAIR	
STREET ADDRESS	547 NW 9th Avenue	
CITY-ST-ZIP	Ft. Lauderdale, Fl 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000

Date

Daytime Phone #

FILED  
May 12, 2000 8:00 am  
Secretary of State

05-12-2000 90049 029 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)