

2002 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-23-2002 90056 043 ****61.25

DOCUMENT # N37023

1. Entity Name

BROWARD COUNTY COUNCIL OF CHAMBERS OF COMMERCE, INC.

Principal Place of Business

Mailing Address

512 NE 3RD AVENUE
FORT LAUDERDALE FL 33301
US

512 NE 3RD AVENUE
FORT LAUDERDALE FL 33301
US

2. Principal Place of Business

330 North Federal Highway

3. Mailing Address

330 North Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL 33020

City & State

Hollywood, FL

4. FEI Number

65-0346412

Applied For

Not Applicable

Zip

Country

Zip

Country

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

QUEIOR, STEPHEN

512 NE 3RD AVENUE
FORT LAUDERDALE FL 33301

Name

Don Dalton, Council Chair

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

330 North Federal Highway

City

Hollywood,

FL

Zip Code

33020

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

Don Dalton DON DALTON, Chairman 3/14/02

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 | <input checked="" type="checkbox"/> Delete |
| NAME | MILLER, JACK | |
| STREET ADDRESS | 1290 WESTON RD SUITE 200 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33326 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HIBBETS, CYNTHIA | |
| STREET ADDRESS | 323 S.E. 1ST AVE. | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | DALTON, DON | |
| STREET ADDRESS | 330 NORTH FEDERAL HWY | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | QUEIOR, STEPHEN | |
| STREET ADDRESS | 512 NE 3RD AVENUE | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HARVEY, ELISSA | |
| STREET ADDRESS | 8531 WEST SAMPLE RD | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HALL, LESLIE ANNE | |
| STREET ADDRESS | 4237 NW 88TH AVENUE | |
| CITY-ST-ZIP | SUNRISE FL | |

| | | |
|----------------|---------------------------------|--|
| TITLE | CS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Watson, Carl | |
| STREET ADDRESS | 4201 Ocean Drive | |
| CITY-ST-ZIP | Lauderdale-By-The Sea, FL 33308 | |
| TITLE | CT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Stoodley, Andrea (Dree) | |
| STREET ADDRESS | 102 W. Dania Beach Boulevard | |
| CITY-ST-ZIP | Dania Beach, FL 33304 | |
| TITLE | CC | <input checked="" 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 | CE | <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 *Andrea Stoodley* Andrea Stoodley, Council Treasurer 01-10-02 954-926-2323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)