2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2003 8:00 am Secretary of State **DOCUMENT # N37023** 1. Entity Name 01-16-2003 90111 036 ****61.25 BROWARD COUNTY COUNCIL OF CHAMBERS OF COMMERCE. INC. Principal Place of Business Mailing Address 330 NORTH FEDERAL HWY 330 NORTH FEDERAL HWY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0346412 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DALTON, DON Street Address (P.O. Box Number is Not Acceptable) 330 NORTH FEDERAL HWY HOLLYWOOD FL 33020 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. ١ 🗆 Added to Fees Florida Department of State 1.** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CSD Delete 💢 TITLE PE ☐ Change Addition WATSON, CARL Siobhan Edwards NAME NAME **4201 OCEAN DRIVE** STREET ADDRESS STREET ADDRESS Lauderdale-by-the sea fl 33308 CITY-ST-ZIP CITY-ST-ZIP CID TITLE Delete, TITLE ☐ Change **Addition** STOODLEY, ANDREA DEE Stella BKCIR 10100 Pines Blud Tokar NAME NAME 102 W DANIA BEACH BLVD STREET ADDRESS STREET ADDRESS DANIA BEACH FL 33304 CITY-ST-ZIP... Pembroke. CITY-ST-ZIP CCD Delete TITI F ☐ Change Addition DALTON, DON NAME 330 NORTH FEDERAL HWY STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition HALL LESLIE ANNE NAME 4237 NW 88TH AVENUE STREET ADDRESS STREET ADDRESS SUNRISE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change X Addition NAME NAME rnthia tlibbits STREET ADDRESS PP Box a40 STREET ADDRESS Hallandale Beh CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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 will all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED