

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90051 037 ****61.25

DOCUMENT # N37561

1. Entity Name

BROWARD ROOFING CONTRACTORS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3389 SHERIDAN ST.
 #132
 HOLLYWOOD FL 33021
 US

3389 SHERIDAN ST
 #132
 HOLLYWOOD FL 33021
 US

2. Principal Place of Business

7071 SW 20TH ST

3. Mailing Address

P.O. BOX 291416

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

DAVIE FL

4. FEI Number

65-0190398

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33329-1416

Country

USA

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

O'GORMAN, KATHLEEN
 7071 SW 20TH STREET
 PLANTATION FL 33317

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: 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
 ST
 O'GORMAN, KATHLEEN
 3389 SHERIDAN STREET #132
 HOLLYWOOD FL 33021 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 FLETT, JAMES
 2020 THOMAS STREET
 HOLLYWOOD FL 33020 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 DUSKIN, MICHAEL
 942 NW 56TH STREET
 FT. LAUDERDALE FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 WALDREP, GARY
 7000 SW 21 PLACE
 DAVIE FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 HASHAGEN, TIM
 5100 NW 4TH AVE
 FORT LAUDERDALE FL 33309 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 CONE, WILLIAM
 201 NW 12TH AVENUE
 POMPANO BEACH FL 33069 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 7071 SW 20TH ST.
 PLANTATION, FL 33317 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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:

Kathleen O'Gorman KATHLEEN O'GORMAN 4/4/02 954-587-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)