

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90158 026 *****61.25

DOCUMENT # N37561

1. Entity Name

BROWARD ROOFING CONTRACTORS ASSOCIATION, INC.



Principal Place of Business

**7071 SW 20TH ST
PLANTATION FL 33317
US**

Mailing Address

**PO BOX 291416
DAVIE FL 33329-1416
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 **65-0190398**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ST** ☐ Delete
NAME **O'GORMAN, KATHLEEN**
STREET ADDRESS **7071 SW 20TH ST**
CITY-ST-ZIP **PLANTATION FL 33317**

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Change ☐ 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]

1/23/03

954-587-5040

CR2E037 (10/02)