

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90088 030 ****61.25

DOCUMENT # N40114

1. Entity Name

TOWN OF DAVIE ECONOMIC DEVELOPMENT COUNCIL, INC.



Principal Place of Business

**6591 SW 45TH ST
DAVIE FL 33314**

Mailing Address

**6591 SW 45TH ST
DAVIE FL 33314**

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 **65-0269033**

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

**WEBBER, BARRY S.
6200 STIRLING RD
DAVIE FL 33314**

Name

Catherine McKenzie

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

BellSouth

6451 N. Federal Highway., Room #1113

City

Ft. Lauderdale

FL

Zip Code
33308

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

Cathy McKenzie / Catherine McKenzie

1/10/03

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 **T** ☐ Delete
NAME **MACKENZIE, CATHY**
STREET ADDRESS **6451 N. FEDERAL HWY, #R113**
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE **CD** ☒ Change ☐ Addition
NAME **McKenzie, Cathy**
STREET ADDRESS **6451 N. Federal Highway, # R113**
CITY-ST-ZIP **Ft. Lauderdale, FL 33306**

TITLE **CD** ☒ Delete
NAME **LEGG, ROBERT P**
STREET ADDRESS **1800 N. DOUGLAS ROAD**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **VCD** ☐ Change ☒ Addition
NAME **Lopez, Horacio**
STREET ADDRESS **2695 Davie Road**
CITY-ST-ZIP **Davie, Florida 33314**

TITLE **SD** ☒ Delete
NAME **DICKINSON, WINIE**
STREET ADDRESS **294 EAST ABIACA CIRCLE**
CITY-ST-ZIP **DAVIE FL 33328**

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

TITLE **VCD** ☒ Delete
NAME **ABRAHAM, RICHARD**
STREET ADDRESS **4801 SOUTH UNIVERSITY DRIVE**
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **Secretary/Treasurer/Director** ☐ Change ☒ Addition
NAME **James Aucamp**
STREET ADDRESS **5300 Davie Road**
CITY-ST-ZIP **Davie, Florida 33314**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Catherine McKenzie

1/10/03

CR2E037 (10/02)