

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90007 044 \*\*\*\*61.25

**DOCUMENT # N40210**

1. Entity Name

**THE SERRA CLUB OF BROWARD COUNTY, INC.**

Principal Place of Business

Mailing Address

2731 N.E. 14TH STREET  
 APT. 717  
 POMPANO BEACH FL 33062-3550  
 US

2731 N.E. 14TH STREET  
 APT. 717  
 POMPANO BEACH FL 33062-3550  
 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

**NOT APPLICABLE**

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

**DUBROSKY, LOUISE**  
**2731 N.E. 14TH STREET**  
**APT. 717 A**  
**POMPANO BEACH FL 33062-3550**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	P	DUBROSKY, LOUISE	2731 N.E. 14TH STREET, #717 POMPANO BEACH FL				
	DV	HENDERSON, WILLIAM E	1211 N.E. 27TH TERRACE POMPANO BEACH FL				
	DV	FRIEL, WILLIAM F III	8201 S.W. 12TH STREET N. LAUDERDALE FL				
	DVM	NOBBS, ROBERT	2900 N.E. 14TH STREET, #108 POMPANO BEACH FL				
	DVC	LAHR, CAROL	2880 N.E. 14TH STREET, #602 POMPANO BEACH FL				

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:** *LOUISE DUBROSKY* **LOUISE DUBROSKY** **2/14/00** **(954) 943-7564**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)