

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90022 022 \*\*\*\*61.25

**DOCUMENT #**

n 40210

1. Entity Name

THE SERRA CLUB OF BROWARD COUNTY INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

SAME

3. Mailing Address

3205 S.E. 7th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

City & State

City & State

Pompano Beach Fl

Zip

Country

Zip

Country

33062

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CLAIRE M. MITCHELL

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

3205 S.E. 7th St. #102

City

POMPANO BEACH

FL

Zip Code  
33062

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

FILE FEE \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PRESIDENT  
METZGER, Thomas J. Sr.  
2811 N.E. 53rd Ct.  
Lighthouse Point Fl 33064

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TREASURER  
MITCHELL, Claire-M.  
3205 S.E. 7th St. #102  
Pompano Beach Fl 33062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
O'Connell, Francis  
305 N. Pompano Bch Blvd. #1509  
Pompano Beach Fl 33062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
Friel, William F. III  
8201 S.W. 12th St

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

N. Lauderdale Fl 33068-3442

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

CLARE M. MITCHELL Treasurer

3/22/04

954-786-0667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)