2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
03-06-2000 90088 017 ****61.25

DOCUMENT # N42501

1. Entity Name

BROWARD SEAHAWKS SWIM TEAM BOOSTER CLUB, INC.

Principal Place of Business	Mailing Address
SUNRISE CIVIC CENTER 10610 WEST OAKLAND PARK BLVD. SUNRISE FL 33351 US	520 N.E. 20 STREET #715 WILTON MANORS FL 33305-2159 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	537 Slippery Rock Rd. Suite, Apt. #, etc.
City & State	City & State: Weston, FL
Zip / Country	Zip: 33327 / Country: U.S.A

4. FEI Number: 65-0245482 ☐ 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
NELSON, GARY 520 N.E. 20 STREET #715 WILTON MANORS FL 33305	Name: Helen Pardo Street Address (P.O. Box Number is Not Acceptable): 537 Slippery Rock Rd. City: Weston FL Zip Code: 33327

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: Helen Pardo
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	P ABRAMCZYK, JANE 9439 N.W. 46 STREET SUNRISE FL 33326	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Helen Pardo D 537 Slippery Rock Rd Weston, FL. 33327	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JUDD, MIKE 3501 S.W. DAVIE RD DAVIE FL 33314	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Sean Muncie D c/o 10610 W. Oakland Park Blvd Sunrise, FL 33351	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MILLER, PAM 1980 SW 28TH TERRACE FT. LAUDERDALE FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Pam Miller D 1980 SW 28 Terr Ft Lauderdale FL 33312	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DREWS, JOHN D 5022 GRANT STREET HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Director	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAYMOND, SUSAN 2855 MORNING GLORY CIR DAVIE FL 33314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Pamela Miller REQUIRED Pamela Miller 3-2-00 954-792-1677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #