2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90261 025 ****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	537 SLIPPERY ROCK RD. WESTON FL 33327 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	4310 NW 97 Avenue Suite, Apt. #, etc.
City & State	City & State: Sunrise FL
Zip / Country	Zip: 33351 / Country: USA

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

PARDON, HELEN
537 SLIPPERK ROCK RD.
WESTON FL 33327

7. Name and Address of New Registered Agent

Name: Mike Love
Street Address (P.O. Box Number is Not Acceptable): 4310 NW 97 Avenue
City: Sunrise FL **FL** Zip Code: 33351

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	T PARDO, HELEN D 537 SLIPPERY ROCK RD WESTON FL 33327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Mike Love 4310 NW 97 Ave Sunrise FL 33351	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUNDE, SEAN D 10610 W OAKLAND PARK BLVD SUNRISE FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MUNDE, SEAN D. 10610 W Oakland Park Blvd Sunrise FL 33351	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, PAM 1980 SW 28TH TERRACE FT. LAUDERDALE FL 33312	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PARDO, HELEN D. 3320 NW 97 WAY SUNRISE, FL 33351	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DREWS, JOHN 5022 GRANT STREET HOLLYWOOD FL 33021	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FORELLE, SARA 16941 Royal Poinciana Dr SUNRISE, FL 33326	☐ 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 Patelo, LISA 4221 NW 118 Avenue SUNRISE, FL 33323	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED Michael Love 4/12/02 (954)746-3169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #