

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44217

1. Entity Name

BROWARD COUNTY COMMISSION GOVERNMENTAL LEASING C

Principal Place of Business

115 S ANDREWS AVE.
GOVERNMENT CENTER, S-423
FT. LAUDERDALE FL 33301

Mailing Address

115 S ANDREWS AVE.
GOV'T CTR. STE #513
FT. LAUDERDALE FL 33301-1818

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

65-0276964

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

LALLA, MATTHEW R.
115 S ANDREWS AVE.
GOVERNMENT CTR, STE 513
FT. LAUDERDALE FL 33301

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 D ☐ Delete
NAME PARRISH, LORI NANCE
STREET ADDRESS 115 SOUTH ANDREWS AVE., ROOM 410
CITY-ST-ZIP FT. LAUDERDALE FL 33301

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

TITLE D ☐ Delete
NAME ABRAMOWITZ, NORMAN
STREET ADDRESS 8212 NW 85TH AVE
CITY-ST-ZIP TAMARAC FL 33-3321

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

TITLE D ☐ Delete
NAME COWAN, SCOTT I.
STREET ADDRESS 3101 HIDDEN HOLLOW LAND
CITY-ST-ZIP DAVIE FL 33328

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

TITLE D ☐ Delete
NAME GUNZBURGER, SUZANNE N.
STREET ADDRESS 803 N. SOUTHLAKE DRIVE
CITY-ST-ZIP HOLLYWOOD FL 33019

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

TITLE D ☐ Delete
NAME RODSTROM, JOHN E.
STREET ADDRESS 66 NURMI DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL 33301

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

TITLE D ☐ Delete
NAME JACOBS, KRISTIN
STREET ADDRESS 651 NE 5TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33060

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SUZANNE N. GUNZBURGER 4/11/00 (954) 357-7006

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90032 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)