

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90113 019 ****61.25

A0006282



DO NOT WRITE IN THIS SPACE

DOCUMENT # N44744

1. Entity Name

THE NORTHEAST BROWARD EDUCATION COMMITTEE, INC.

Principal Place of Business

Mailing Address

2600 N.E. 14TH STREET CAUSEWAY
 POMPANO BEACH FL 33062

2600 N.E. 14TH STREET CAUSEWAY
 POMPANO BEACH FL 33062-8224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0329202

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MACLEAN, FREDERICK R.
 2600 N.E. 14TH STREET CAUSEWAY
 POMPANO BEACH FL 33062

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

Frederick P. Maclean

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: PD
 NAME: O'HARA, JUDY C Delete
 STREET ADDRESS: 2835 NE 28TH AVE #11
 CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064

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

TITLE: SD
 NAME: MCLAIN, PATTI Delete
 STREET ADDRESS: 2130 NE 32ND ST
 CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064

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

TITLE: D
 NAME: HINKLE, DARRYL L. Delete
 STREET ADDRESS: 4151 NE 22ND TERRACE
 CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064

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

TITLE: VPD
 NAME: TAYLOR, SAMUEL H Delete
 STREET ADDRESS: 792 SW 2ND ST
 CITY-ST-ZIP: BOCA RATON FL

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

TITLE: TD
 NAME: SHAW, SUZANNE Delete
 STREET ADDRESS: 3690 NE 22ND AVE #204
 CITY-ST-ZIP: LIGHTHOUSE POINT FL

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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

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:

Darryl L. Hinkle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARRYL L. HINKLE 1/6/00 954-941-2311
 Date Daytime Phone #