

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90017 007 ****61.25

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**

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 **65-0329202**

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

**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

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
After September 12, 2001, min. will be \$236.25

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

TITLE **PD** ☒ Change ☐ Addition
NAME **Taylor, Samuel**
STREET ADDRESS **792 SW 2nd St**
CITY-ST-ZIP **Boca Raton, FL 33486**

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

TITLE **VPD** ☒ Change ☐ Addition
NAME **McLain, Patti**
STREET ADDRESS **2130 NE 32nd ST**
CITY-ST-ZIP **Lighthouse Point, FL 33064**

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

TITLE **SD** ☒ Change ☐ Addition
NAME **Shaw, Suzanne**
STREET ADDRESS **1005 S.E. 10th Street #12A**
CITY-ST-ZIP **Deerfield Beach, FL 33441**

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

TITLE **TD** ☐ Change ☒ Addition
NAME **MacLean, Sherry**
STREET ADDRESS **2220 NE 43rd Street**
CITY-ST-ZIP **Lighthouse Point, FL 33064**

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

TITLE **D** ☒ Change ☐ Addition
NAME **O'Hara, Judy**
STREET ADDRESS **2835 N.E. 28th Avenue, #11**
CITY-ST-ZIP **Lighthouse Point, FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Samuel H Taylor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/2001 954-785-5400
Date Daytime Phone #

CR2E037 (5/01)