

## DOCUMENT # N46732

1. Entity Name

BROWARD'S COALITION FOR TRANSIT NOW, INC.

Principal Place of Business

MASS TRANSIT DIVISION  
3201 WEST COPANS ROAD  
POMPANO BEACH FL 33069

Mailing Address

MASS TRANSIT DIVISION  
3201 WEST COPANS ROAD  
POMPANO BEACH FL 33069-5140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-6000531

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code 33069

SCANLON, MICHAEL J. *Roth, Robert H.*  
3201 W. COPANS RD.  
POMPANO BEACH FL 33069*Robert H. Roth**3201 West Copans Road**Pompano Beach*

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME WEINER, EDWARD T.  
STREET ADDRESS 7350 NW 5TH ST.  
CITY-ST-ZIP PLANTATION FLTITLE D ☐ Delete  
NAME DELEGAL, SUSAN F.  
STREET ADDRESS ONE EAST BROWARD BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FLTITLE D ☐ Delete  
NAME FALCK, WALTER W.  
STREET ADDRESS 115 S. ANDREWS AVE.  
CITY-ST-ZIP FT. LAUDERDALE FLTITLE D ☐ Delete  
NAME JUST, DAVID R.  
STREET ADDRESS 2020 S. ANDREWS AVE.  
CITY-ST-ZIP FT. LAUDERDALE FLTITLE D ☐ Delete  
NAME SNYDER, GEORGE H.  
STREET ADDRESS 6200 N. ANDREWS AVE.  
CITY-ST-ZIP FT. LAUDERDALE FLTITLE D ☐ Delete  
NAME FOWLER, WILLIAM  
STREET ADDRESS 115 S. ANDREWS AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☐ Addition  
NAME Robert Roth  
STREET ADDRESS 3201 West Copans Rd.  
CITY-ST-ZIP Pompano Beach, FL 33069TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 #

FILED

00 MAR 15 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

KE

954 357-8361

Director Broward Transit 1/7/2000