

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48932** (0)

1. Corporation Name

**BRITISH AMERICAN CHAMBER OF COMMERCE OF GREATER
FORT LAUDERDALE, INC.**



Principal Place of Business

Mailing Address

15007 SW 10 ST
SUNRISE FL 33326
US

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SUNRISE FL 33326
US

3. Date Incorporated or Qualified

05/14/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 2550 N. Federal Hwy.

2a. Mailing Address

26 2550 N. Federal Hwy.

4. FEI Number

65-0371080

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

23 City & State
Ft. Lauderdale, FL

28 City & State
Ft. Lauderdale, FL

24 Zip
33305

25 Country
US

29 Zip
33305

30 Country
US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLDFIELD, DAVID A C
C/O EQUITABLE BANK
612 SE 5TH AVENUE
FT. LAUDERDALE FL 33301**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE

David A.C. Oldfield

DAVID A.C. OLDFIELD, Treasurer

3/15/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **MAPLEDEN, JOHN**
STREET ADDRESS **1322 E COMMERCIAL BLVD**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **SD** ☐ DELETE
NAME **SHERWIN, LINDA**
STREET ADDRESS **2550 N. FEDERAL HWY STE 3**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **PD** ☐ DELETE
NAME **WORTHINGTON, ALEXANDER**
STREET ADDRESS **2550 N. FEDERAL HWY STE 3**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ DELETE
NAME **BENNETT, DEREK**
STREET ADDRESS **12762 W DIXIE HWY**
CITY-ST-ZIP **N MIAMI FL**

TITLE **D** ☐ DELETE
NAME **WAGNER, CHRISTOPHER**
STREET ADDRESS **100 N BISCAYNE BLVD, #1315**
CITY-ST-ZIP **MIAMI FL**

TITLE **VTD** ☐ DELETE
NAME **OLDFIELD, DAVID AC**
STREET ADDRESS **612 SE 5TH AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Lee McDaniel**
1.3 STREET ADDRESS **6100 Glades Rd.**
1.4 CITY-ST-ZIP **Boca Raton, FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Michael G. Platner**
2.3 STREET ADDRESS **500 E. Broward Blvd. #1400**
2.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33394-3002**

3.1 TITLE **C** ☒ Change ☐ Addition
3.2 NAME **WORTHINGTON, ALEXANDER**
3.3 STREET ADDRESS **2550 N. Federal Hwy. #3**
3.4 CITY-ST-ZIP **Ft. Lauderdale, FL**

4.1 TITLE **PD** ☒ Change ☐ Addition
4.2 NAME **BENNETT, DEREK**
4.3 STREET ADDRESS **12762 W Dixie Hwy.**
4.4 CITY-ST-ZIP **N. Miami, FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Don Whalen**
5.3 STREET ADDRESS **4255 NW 26 Ct**
5.4 CITY-ST-ZIP **Boca Raton, FL**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **John C. Carson**
6.3 STREET ADDRESS **1000 Corporate Dr.**
6.4 CITY-ST-ZIP **Ft. Lauderdale, FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David A.C. Oldfield

DAVID A.C. OLDFIELD, TREASURER

3/15/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)