

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48932

1. Entity Name

BRITISH AMERICAN CHAMBER OF COMMERCE OF GREATER

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90013 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2550 N FED HWY  
STE 13  
FT LAUDERDALE FL 33305  
US

P.O. BOX 11117  
FORT LAUDERDALE FL 33339-1117  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0371080

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

SHERWIN, LINDA  
521 SE 3RD TERRACE  
POMPANO BEACH FL 33060

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 PD ☐ Delete  
NAME SHERWIN, LINDA  
STREET ADDRESS 2550 N. FEDERAL HWY STE 3  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☒ Change ☐ Addition  
NAME DIRECTOR / Chairman of the Board  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BEACH, ANNA  
STREET ADDRESS 2550 NO FEDERAL HIGHWAY  
CITY-ST-ZIP FORT LAUDERDALE FL

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

TITLE D ☐ Delete  
NAME DUMONT, DOLPH  
STREET ADDRESS 1531 SE 13 STREET  
CITY-ST-ZIP FORT LAUDERDALE FL

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

TITLE DV ☐ Delete  
NAME HARDESTY, GARY  
STREET ADDRESS 9715 W BROWARD BLVD #252  
CITY-ST-ZIP PLANTATION FL

TITLE ☒ Change ☐ Addition  
NAME Director / President  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02 954-537-6070

CR2E037 (9/99)