

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90108 037 \*\*\*\*61.25

**DOCUMENT # N51210**

1. Entity Name  
**REUNITED CLUB OF FT. LAUDERDALE, INC.**



Principal Place of Business  
**3720 N. ANDREWS AVE.  
FT. LAUDERDALE FL 33334**

Mailing Address  
**3720 N. ANDREWS AVE.  
FT. LAUDERDALE FL 33334**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0364993**

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

**BRAXTON, JAMES  
3720 N. ANDREWS AVE.  
FT. LAUDERDALE FL 33334**

Name **Jacqueline Finley**  
Street Address (P.O. Box Number is Not Acceptable)  
**1400 NE 17th St.**  
City **FT. LAUD** FL Zip Code **33305**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jacqueline Finley**  
Signature, type or printed name of registered agent and title if applicable.

**Jacqueline Finley**  
(NOTE: Registered Agent signature required when reinstating)

**2-6-03**  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>LEMMONS, ALLAN</b>         |                                 |
| STREET ADDRESS | <b>517 NE 28TH STREET</b>     |                                 |
| CITY-ST-ZIP    | <b>WILTON MANORS FL 33334</b> |                                 |
| TITLE          | <b>PD</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>FINLEY, JACQUELINE</b>     |                                 |
| STREET ADDRESS | <b>1400 N.E. 17TH ST</b>      |                                 |
| CITY-ST-ZIP    | <b>FT LAUDERDALE FL 33305</b> |                                 |
| TITLE          | <b>TD</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>BRAXTON, JAMES</b>         |                                 |
| STREET ADDRESS | <b>230 NE 40TH STREET</b>     |                                 |
| CITY-ST-ZIP    | <b>OAKLAND PARK FL 33334</b>  |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:

**Jacqueline Finley**  
DIRECTOR

**2-6-03 954-980-1993**

Date

Daytime Phone #

CR2E037 (10/02)