

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90201 013 ****70.00

DOCUMENT # N93000001041

1. Entity Name

BROWARD COUNTY COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

~~115 SE 10TH STREET~~

~~115 SE 10TH STREET~~

FORT LAUDERDALE FL 33316
 US

FORT LAUDERDALE FL 33316-1856
 US

2. Principal Place of Business

3. Mailing Address

305 SE 18th Court

305 SE 18th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State
 Ft. Lauderdale FL

City & State
 Ft. Lauderdale FL.

Zip 33316 Country Broward

Zip 33316 Country Broward

4. FEI Number

65-0407370

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

SHARON M. SAUNDERS

~~115 SE 10TH STREET SUITE A~~
 FT. LAUDERDALE FL 33316

Name

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

305 SE 18th Court

City

Ft. Lauderdale

FL

Zip Code

33316

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

Sharon Saunders, Executive Director 1-4-00

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 NAME STREET ADDRESS CITY-ST-ZIP	TD MEROLLA, NANCY 1800 CORPORATE BLVD, #200 BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANASTASATO, JANICE 5546 W OAKLAND PARK BLVD, #207 LAUDERHILL FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSENBERG, ANDREW 2255 GLADES ROAD, #412E BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARILYN GOLDNER 4740 N SR 7, C FT LAUDERDALE FL 33319	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOENDORF, LEE 4011 N.W. 23RD COURT COCONUT CREEK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HATCH, ROLAND 437 S.W. 4TH AVE. FT. LAUDERDALE FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (AD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (TD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Linda Mullis 1436 Seagrave Circle Weston, FL. 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Scott Ball 305 SE 18th Court Ft. Lauderdale, FL. 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Sharon Saunders, Executive Director 1-4-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)