

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 30, 2000 8:00 am
Secretary of State

06-30-2000 90002 013 ****61.25

DOCUMENT # N93000002900 *R*

1. Entity Name

NORTH BROWARD YOUTH THEATER, INCORPORATED

Principal Place of Business Mailing Address
P O BOX 970373 P O BOX 970373
COCONUT CREEK FL 33097 SUITE 248
COCONUT CREEK FL 33097-0373

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. P.O. Box 970373
Suite, Apt. #, etc.

City & State City & State
Coconut Creek, Florida
Zip Country Zip Country
33097 USA

4. FEI Number 65-0421871
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GOODWYN, SHERI M
5380 NW 55TH BLVD.
APT. # 10-207
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent
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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWYN, MICHAEL H	NAME	
STREET ADDRESS	5380 NW 55TH BLVD., APT. #10-207	STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	CITY-ST-ZIP	
TITLE	VSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWYN, SHERI M	NAME	
STREET ADDRESS	5380 NW 55TH BLVD., APT. #10-207	STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, PHELMON D	NAME	
STREET ADDRESS	4140 MOORE SST	STREET ADDRESS	
CITY-ST-ZIP	INKSTER MI 48141	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUNDERS, DAVID P REV.	NAME	
STREET ADDRESS	3335 FOSS DR	STREET ADDRESS	
CITY-ST-ZIP	SAGINAW MI 48603	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLR, LINDA	NAME	Miller, Linda
STREET ADDRESS	4751 NW 3RD CT	STREET ADDRESS	8717 Eagle Run Dr.
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUHART, OLYMPIA	NAME	
STREET ADDRESS	5280 NW 55TH BLVD- #203	STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	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: *Sheri M. Goodwyn* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 06/28/00 (954) 426-9632 Daytime Phone #

CR2E037 (9/99)