

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002900

1. Entity Name

NORTH BROWARD YOUTH THEATER, INCORPORATED

Principal Place of Business

P O BOX 970373
COCONUT CREEK FL 33097

Mailing Address

P O BOX 970373
~~SUITE 203~~
COCONUT CREEK FL 33097

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

PO Box 970373

Coconut Creek, Florida

33097

USA

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GOODWYN, MICHAEL H	
STREET ADDRESS	5380 NW 55TH BLVD., APT. #10-207	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	GOODWYN, SHERI M	
STREET ADDRESS	5380 NW 55TH BLVD., APT. #10-207	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAUNDERS, PHELMON D	
STREET ADDRESS	4140 MOORE SST	
CITY-ST-ZIP	INKSTER MI 48141	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAUNDERS, DAVID P REV.	
STREET ADDRESS	3335 FOSS DR	
CITY-ST-ZIP	SAGINAW MI 48603	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLR, LINDA	
STREET ADDRESS	8717 EAGLE RUN DR	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUHART, OLYMPIA	
STREET ADDRESS	5280 NW 55TH BLVD- #203	
CITY-ST-ZIP	COCONUT CREEK FL 33073	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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:

SIGNATURE REQUIRED

Sheri M. Goodwyn April 28, 2001

8541
426-9632

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90494 014 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)