

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90299 036 ****61.25

DOCUMENT # N93000002900

1. Entity Name

NORTH BROWARD YOUTH THEATER, INCORPORATED

Principal Place of Business

Mailing Address

P O BOX 970373
 COCONUT CREEK FL 33097

P O BOX 970373
~~SUITE 248~~
 COCONUT CREEK FL 33097

2. Principal Place of Business

3. Mailing Address

PO Box 970373

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coconut Creek FL

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

7. Name and Address of New Registered Agent

**GOODWYN, SHERI M
 5380 NW 55TH BLVD.
 APT. # 10-207
 COCONUT CREEK FL 33073**

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 **GOODWYN, MICHAEL H**
 STREET ADDRESS **5380 NW 55TH BLVD., APT. #10-207**
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

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

TITLE **VSTD** ☐ Delete
 NAME **GOODWYN, SHERI M**
 STREET ADDRESS **5380 NW 55TH BLVD., APT. #10-207**
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

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

TITLE **D** ☐ Delete
 NAME **SAUNDERS, PHELMON D**
 STREET ADDRESS **4140 MOORE SST**
 CITY-ST-ZIP **INKSTER MI 48141**

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

TITLE **D** ☐ Delete
 NAME **SAUNDERS, DAVID P REV.**
 STREET ADDRESS **3335 FOSS DR**
 CITY-ST-ZIP **SAGINAW MI 48603**

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

TITLE **D** ☐ Delete
 NAME **MILLR, LINDA**
 STREET ADDRESS **8717 EAGLE RUN DR**
 CITY-ST-ZIP **BOCA RATON FL 33434**

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

TITLE **D** ☐ Delete
 NAME **DUHART, OLYMPIA**
 STREET ADDRESS **5280 NW 55TH BLVD- #203**
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

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 #

Sheri M Goodwyn **Sheri M Goodwyn** *4/15/02* **954 426 9632**

CR2E037 (9/01)