

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003556

1. Entity Name

COMMUNITY COUNCIL OF SOUTH BROWARD, INC.

Principal Place of Business

BROWARD SHERIFF'S OFFICE  
2350 SW 30 AVENUE  
PEMBROKE PARK FL 33023

Mailing Address

BROWARD SHERIFF'S OFFICE  
2350 SW 30 AVENUE  
PEMBROKE PARK FL 33023

2. Principal Place of Business

3201 W. HALLANDALE

Suite, Apt. #, etc.

Beh. Blvd.

3. Mailing Address

3201 W. HALLANDALE

Suite, Apt. #, etc.

Beh. Blvd.

City & State

Pembroke Park, FL

City & State

Pembroke Park, FL

Zip

Country

33009 BROWARD

Zip

Country

33009 BROWARD

6. Name and Address of Current Registered Agent

SOUCY, MICHAEL  
5121 SW 26TH CT  
PEMBROKE PINES FL 33023

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

After September 13, 2000 min. will be \$236.25

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          | TD                     | <input type="checkbox"/> Delete |
| NAME           | SOUCY, MICHAEL         |                                 |
| STREET ADDRESS | 5121 SW 26TH CT        |                                 |
| CITY-ST-ZIP    | PEMBROKE PARK FL 33023 |                                 |
| TITLE          | VD                     | <input type="checkbox"/> Delete |
| NAME           | PRICE MARVIN           |                                 |
| STREET ADDRESS | 4001 SW 25 ST          |                                 |
| CITY-ST-ZIP    | HOLLYWOOD FL 33023     |                                 |
| TITLE          | PD                     | <input type="checkbox"/> Delete |
| NAME           | BRUNSON, FELICIA       |                                 |
| STREET ADDRESS | 4630 SW 26 ST          |                                 |
| CITY-ST-ZIP    | HOLLYWOOD FL 33023     |                                 |
| TITLE          | SD                     | <input type="checkbox"/> Delete |
| NAME           | TATTMAN, WARREN        |                                 |
| STREET ADDRESS | 116 HARVARD RD.        |                                 |
| CITY-ST-ZIP    | HOLLYWOOD FL 33023     |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | 100003408231          |  |
| STREET ADDRESS | -09/28/00-01081-011   |  |
| CITY-ST-ZIP    | *****61.25 *****61.25 |  |
| TITLE          | PD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | VD                    | <input checked="" 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 817, 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 #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 SEP 25 AM 8:01



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)

7/25/00 (954) 648-3438