

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08-04-2003 90143 006 ****61.25
FILE LN95000003556

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DOCUMENT # N95000003556

1. Entity Name

COMMUNITY COUNCIL OF SOUTH BROWARD, INC.



03 AUG -7 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3201 W. HALLANDALE BCH BLVD
PEMBROKE PARK FL 33009

Mailing Address
3201 W. HALLANDALE BCH BLVD
PEMBROKE PARK FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0612185

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

PRICE, MARVIN
4001 SW 25 COURT
HOLLYWOOD FL 33023-4405

Name Martha Dowd
Street Address (P.O. Box Number is Not Acceptable)
3530 SW 36 Street
City Hollywood FL Zip Code 33023

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Martha Dowd

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 10, 2003, this will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Delete
NAME DOWD, MARTHA
STREET ADDRESS 5530 SW 36 STREET
CITY-ST-ZIP HOLLYWOOD FL 33023

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

TITLE PD ☒ Delete
NAME PRICE, MARVIN
STREET ADDRESS 4001 SW 25 ST
CITY-ST-ZIP HOLLYWOOD FL 33023-4405

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

TITLE DV ☐ Delete
NAME DORSETT, THOMAS
STREET ADDRESS 4760 SW 26 STREET
CITY-ST-ZIP CARVER RANCHES FL

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

TITLE SD ☐ Delete
NAME HARDY, CAROLYN M
STREET ADDRESS 4430 SW 18 STREET
CITY-ST-ZIP WEST HOLLYWOOD FL 33023

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME Rideman, Michael
STREET ADDRESS 0831 SW 56 Avenue
CITY-ST-ZIP Hollywood, FL 33023

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (4/03)