

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000000395

FILED
Apr 10, 2003
Secretary of State

Entity Name: THE COORDINATING COUNCIL OF BROWARD, INC.

Current Principal Place of Business:

351 NORTH STATE ROAD 7
200
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

351 NORTH STATE ROAD 7
200
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: 65-0613528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSTON, ROBERT
351 NORTH STATE ROAD 7
200
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: JOHNSTON, ROBERT
Address: 351 NORTH STATE ROAD 7
City-St-Zip: PLANTATION, FL 33317 US

Title: D () Delete
Name: SACCO, FRANK V
Address: 3501 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: D () Delete
Name: MOSS, JACK
Address: 4040 W. PALM AIRE DRIVE
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: D () Delete
Name: KOCH, KATHY
Address: 2455 EAST SUNRISE BOULEVARD
City-St-Zip: FT. LAUDERDALE, FL 33304 US

Title: D () Delete
Name: HOLCOMBE, WILL
Address: 225 E. LAS OLAS BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: D () Delete
Name: JACKSON, MASON
Address: 3800 INVERRARY BLVD
City-St-Zip: LAUDERHILL, FL 33319 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MASON JACKSON

VC

04/10/2003

Electronic Signature of Signing Officer or Director

Date