

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002116

1. Entity Name

BROWARD PERSONAL COMPUTER ASSOCIATION, INC.

**FILED**  
Feb 04, 2000 8:00 am  
Secretary of State

02-04-2000 90023 035 \*\*\*\*61.25

Principal Place of Business PO BOX 11955 FT LAUDERDALE FL 33336	Mailing Address PO BOX 11955 FT LAUDERDALE FL 33339-1955
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOOLEY, ROBERT E  
2888 E OAKLAND PARK BLVD  
FT LAUDERDALE FL 33307

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]* DATE *1/27/2000*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MARTIN, STEVE	
STREET ADDRESS	1521 NW 62ND TERR	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHARE, ESTHER	
STREET ADDRESS	7356 FAIRFAX DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEWART KERRIGAN	
STREET ADDRESS	1212 SE SECOND CT #103	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	KETTERMAN, JAMES	
STREET ADDRESS	5900 NE 22ND WAY #805	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLUEPFEL, JOSEPH	
STREET ADDRESS	7356 FAIRFAX DRIVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSTELLO, STEVE	
STREET ADDRESS	3933 CARAMBOLA CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FL 33066	

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]* DATE *1/26/00* DAYTIME PHONE # *954-484-1102*

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)