

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-22-2001 90126 009 ****61.25

DOCUMENT # N96000002116

1. Entity Name

BROWARD PERSONAL COMPUTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 11955
 FT LAUDERDALE FL 33336

PO BOX 11955
 FT LAUDERDALE FL 33336

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

NOT APPLICABLE

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

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

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 re-registering)

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	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 checked="" 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	3833 CARAMBOLA CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FL 33066	

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	SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SID KRIEG	
STREET ADDRESS	4765 NW 30 STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01
 Date

954-202-0717
 Daytime Phone #

CR2E037 (10/00)