

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

**FILED**  
**Aug 01, 2003 8:00 am**  
**Secretary of State**

08-01-2003 90059 006 \*\*\*\*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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEB/15 \$61.25**  
**After September 10, 2003 min 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 **POD** ☐ Delete  
NAME **MARTIN, STEVE**  
STREET ADDRESS **1521 NW 62ND TERR**  
CITY-ST-ZIP **SUNRISE FL**

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

TITLE **D** ☐ Delete  
NAME **SCHARE, ESTHER**  
STREET ADDRESS **7356 FAIRFAX DR**  
CITY-ST-ZIP **TAMARAC FL 33321**

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

TITLE **D** ☐ Delete  
NAME **STEWART KERRIGAN**  
STREET ADDRESS **1212 SE SECOND CT #103**  
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

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

TITLE **VPO S/D** ☐ Delete  
NAME **KRIEG, SID**  
STREET ADDRESS **4765 NW 30 STREET**  
CITY-ST-ZIP **COCONUT CREEK FL 33063**

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

TITLE **D** ☐ Delete  
NAME **KLUEPFEL, JOSEPH**  
STREET ADDRESS **7356 FAIRFAX DRIVE**  
CITY-ST-ZIP **TAMARAC FL**

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

TITLE **SD V/D** ☐ Delete  
NAME **COSTELLO, STEVE**  
STREET ADDRESS **3933 CARAMBOLA CIRCLE**  
CITY-ST-ZIP **COCONUT CREEK FL 33066**

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:

**SIGNATURE EXPIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/28/03 964-282-0717**  
Date Daytime Phone #

CR2E037 (4/03)

*Attachment*

80135295  
# W9600002116

Steve Martin changed to D  
Sid Krieg changed to S/D  
Steve Costello changed to V/D

Add:

Robert Dooley, P/D  
3051 NE 48 St #402  
Fort Lauderdale FL 33339

Jack Watson, V/D  
639 W Oakland Park Blvd Apt 101D  
Ft Lauderdale FL 33311

Bud Fitch T/D  
2124 NE 56<sup>th</sup> Ct Apt 107  
Fort Lauderdale FL 33308

3DEPTSTA.RPT