

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002468

1. Entity Name

BOCA RATON AMATEUR RADIO ASSOCIATION, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90117 036 \*\*\*\*61.25

Principal Place of Business	Mailing Address
9485 AEGEAN DR BOCA RATON FL 33496 US	9485 AEGEAN DR BOCA RATON FL 33496-6684 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0666979	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
SMYTH, SEAN F 1400 CENTRE PARK BLVD, SUITE 200 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
Name: SEAN SMYTH
Street Address (P.O. Box Number is Not Acceptable): 9485 AEGEAN DRIVE
City: BOCA RATON FL Zip Code: 33496

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:	DATE: 2/8/00
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	DVP
NAME	FARSON, ADAM
STREET ADDRESS	5 POLO CIR
CITY-ST-ZIP	BOCA RATON FL 33431
<input checked="" type="checkbox"/> Delete	
TITLE	DP
NAME	GENDLE, DAVID
STREET ADDRESS	7165 NW 4TH AVE
CITY-ST-ZIP	BOCA RATON FL 33487
<input type="checkbox"/> Delete	
TITLE	D
NAME	HILTINS, JAMES
STREET ADDRESS	2301 NW 86TH LANE
CITY-ST-ZIP	CORAL SPRINGS FL 33065
<input type="checkbox"/> Delete	
TITLE	TD
NAME	SHINE, ROBERT
STREET ADDRESS	1000 NW 4TH ST
CITY-ST-ZIP	BOCA RATON FL 33486
<input type="checkbox"/> Delete	
TITLE	D
NAME	SMYTH, SEAN
STREET ADDRESS	9485 AEGEAN DRIVE
CITY-ST-ZIP	BOCA RATON FL 33496
<input type="checkbox"/> Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DS
NAME	MARK SAUAGE
STREET ADDRESS	P.O. Box 5601
CITY-ST-ZIP	LAKE WORTH FL 33466
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	DT
NAME	LEWIS, LEHMAN
STREET ADDRESS	4851 NE 5TH AVE
CITY-ST-ZIP	BOCA RATON FL 33431
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	DVP
NAME	HILLINS, JAMES
STREET ADDRESS	2301 NW 86TH LN
CITY-ST-ZIP	CORAL SPRINGS FL 33436
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D
NAME	SHINE, ROBERT
STREET ADDRESS	1000 NW 4TH ST
CITY-ST-ZIP	BOCA RATON FL 33486
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:	DATE: 2/8/00	DAYTIME PHONE #: (561) 985-6123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E037 (9/99)