

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90160 003 ****61.25

DOCUMENT # N96000002468

1. Entity Name

BOCA RATON AMATEUR RADIO ASSOCIATION, INC.

Principal Place of Business

**9485 AEGEAN DR
 BOCA RATON FL 33496
 US**

Mailing Address

**9485 AEGEAN DR
 BOCA RATON FL 33496
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0666979

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SMYTH, SEAN F
 9485 AEGEAN DRIVE
 BOCA RATON FL 33496**

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 reinstating)

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 **DS** ☐ Delete
 NAME **IPPOLITO, SAL**
 STREET ADDRESS **1621 NW 9TH ST.**
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **TD** ☐ Change ☒ Addition
 NAME **FRANK ETTINGER**
 STREET ADDRESS **9414 SW 22ND ST**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **DP** ☐ Delete
 NAME **SMYTH, SEAN F**
 STREET ADDRESS **9485 AEGEAN DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **VD** ☐ Change ☒ Addition
 NAME **RUDY NEUHAUS**
 STREET ADDRESS **1275 SW 21ST**
 CITY-ST-ZIP **BOCA RATON FL 33406**

TITLE **DV** ☒ Delete
 NAME **FLEMING, PAUL**
 STREET ADDRESS **10790 NW 26TH PL**
 CITY-ST-ZIP **SUNRISE FL 33322**

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

TITLE **D** ☐ Delete
 NAME **LEHMAN, LEWIS**
 STREET ADDRESS **4851 NE 5TH**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☒ Change ☐ Addition
 NAME **LEHMAN, LEWIS**
 STREET ADDRESS **4851 NE 5TH**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **D** ☐ Delete
 NAME **VAN SANT, HANK**
 STREET ADDRESS **6580 N. DIXIE HWY**
 CITY-ST-ZIP **BOCA RATON FL 33487**

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

TITLE **D** ☐ Delete
 NAME **OLEKSAK, EDWARD**
 STREET ADDRESS **336 NE 29TH ST**
 CITY-ST-ZIP **BOCA RATON FL 33431**

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

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEAN F. SMYTH, PRES.

1/8/02

(361) 342-5735

Date

Daytime Phone #

CR2E037 (9/01)