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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002838

1. Corporation Name

BROWARD URBAN RIVER TRAILS INC.

Principal Place of Business

218 S W 1 AVE
FT LAUDERDALE FL 33301

Mailing Address

P.O. BOX 7512
FT LAUDERDALE FL 33338
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/29/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0675005

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORANI, CYNTHIA
22899 IRON WEDGE DR
BOCA RATON FL 33433**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME OWNBY, BRUCE
STREET ADDRESS 400 N ANDREWS AVE STE 202
CITY-ST-ZIP FT LAUDERDALE FL 33301

☒ DELETE

1.1 TITLE PD
1.2 NAME Rude, John
1.3 STREET ADDRESS 630 NE 14th AV.
1.4 CITY-ST-ZIP Ft. Lauderdale FL 33304

☐ Change ☒ Addition

TITLE VSD
NAME BASSICHIS, MICHAEL
STREET ADDRESS 9360 NW 18 DRIVE
CITY-ST-ZIP PLANTATION FL 33322

☒ DELETE

2.1 TITLE Ownby, Bruce VSD
2.2 NAME
2.3 STREET ADDRESS 400 N Andrews AVE STE 202
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

☒ Change ☐ Addition

TITLE D
NAME SOMMERVILLE, STEVE
STREET ADDRESS 218 SW 1 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33301

☐ DELETE

3.1 TITLE TSD
3.2 NAME Johnson, Mary
3.3 STREET ADDRESS 2210 NE 52nd St
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308

☐ Change ☒ Addition

TITLE MD
NAME HARRISON, ROBERT L
STREET ADDRESS 1327 NE 14TH CT
CITY-ST-ZIP FT LAUDERDALE FL 33304

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Robert L Harrison

5/18/99 (954) 630-8706

Date

Daytime Phone #

CR2E037 (11/98)