

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002838

1. Entity Name

BROWARD URBAN RIVER TRAILS INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90066 011 \*\*\*\*61.25

Principal Place of Business

218 S W 1 AVE  
FT LAUDERDALE FL 33301

Mailing Address

P.O. BOX 7512  
FT LAUDERDALE FL 33338-7512  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

630 NE 14 Avenue

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33304

Country

USA

4. FEI Number

65-0675005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required--

6. Name and Address of Current Registered Agent

MORANI, CYNTHIA  
22899 IRON WEDGE DR  
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name John A. Rude

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

630 NE 14 Avenue

City Ft. Lauderdale

FL

Zip Code 33304

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

*John A. Rude* John A. Rude, Managing Director

4/20/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RUDE, JOHN	
STREET ADDRESS	630 NE 14TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OWNBY, BRUCE	
STREET ADDRESS	400 N ANDREWS AVE, STE 202	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOMMERVILLE, STEVE	
STREET ADDRESS	218 SW 1 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, ROBERT L	
STREET ADDRESS	1327 NE 14TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	JOHNSON, MARY	
STREET ADDRESS	2210 NE 52ND ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peg McPherson	
STREET ADDRESS	201 S. Andrews Avenue	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	

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:

*John A. Rude* John A. Rude

4/20/00 (954) 462-7766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)