

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002838

1. Entity Name

BROWARD URBAN RIVER TRAILS INC.

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90296 001 ****61.25

Principal Place of Business	Mailing Address
218 S W 1 AVE FT LAUDERDALE FL 33301	630 NE 14TH AVE FORT LAUDERDALE FL 33304 US

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

Zip	Country	Zip	Country
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4. FEI Number	65-0675005	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RUDE, JOHN A 630 NE 14TH AVE FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent
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's signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	MD	TITLE	
NAME	RUDE, JOHN	NAME	
STREET ADDRESS	630 NE 14TH AVE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	OWNBY, BRUCE	NAME	
STREET ADDRESS	400 N ANDREWS AVE, STE 202	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SOMMERVILLE, STEVE	NAME	
STREET ADDRESS	218 SW 1 AVE	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	CITY-ST-ZIP	
TITLE	TSD	TITLE	
NAME	JOHNSON, MARY	NAME	
STREET ADDRESS	2210 NE 52ND ST	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	MCPHERSON, PEG	NAME	
STREET ADDRESS	201 S. ANDREWS AVE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: John A. Rude, Managing Director 4/25/02 (954) 462-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)