

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000005044**

1. Entity Name

NORTH BROWARD YOUTH ARTS COUNCIL, INC.**FILED****Apr 24, 2000 8:00 am**
Secretary of State

04-24-2000 90023 028 ****61.25

Principal Place of Business

Mailing Address

**1600 WEST COMMERCIAL BLVD.,
FORT LAUDERDALE FL 33309****1600 WEST COMMERCIAL BLVD.,
FORT LAUDERDALE FL 33309-3012**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0586105

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****CAMILLO, JOHN M ESQ
1600 WEST COMMERCIAL BLVD.,
FORT LAUDERDALE FL 33309**

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 **DV** ☐ Delete
NAME **SPRUCE, WILLIAM D**
STREET ADDRESS **1600 WEST COMMERCIAL BLVD.,**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CAMILLO, JOHN M**
STREET ADDRESS **221 W OAKLAND PARK BLVD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DC** ☐ Delete
NAME **MORGAMAN, PHILIP E**
STREET ADDRESS **1600 WEST COMMERCIAL BLVD.,**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DP** ☐ Delete
NAME **STEPHENSON, MARK**
STREET ADDRESS **1600 W COMMERCIAL BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DVST** ☒ Delete
NAME **GARDNER, DEBORAH S**
STREET ADDRESS **1600 W COMMERCIAL BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**TITLE ☐ Change ☒ Addition
NAME **DVST**
STREET ADDRESS **Mutnick, Joel**
CITY-ST-ZIP **1600 West Commercial Blvd.
Ft. Lauderdale, FL 33309**TITLE **D** ☐ Delete
NAME **NICHOL, NEAL**
STREET ADDRESS **3251 WASHINGTON BLVD**
CITY-ST-ZIP **ARLINGTON VA 22201**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **Stephenson, Pres. 4/13/00 (954)493-6565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)