

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006154

1. Entity Name

LIFT UP DAVIE BLVD., INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90789 028 ****61.25

Principal Place of Business

3601 DAVIE BLVD.
FT. LAUDERDALE FL 33312

Mailing Address

3601 DAVIE BLVD.
FT. LAUDERDALE FL 33312-3439

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

COX, JAMES A
3601 DAVIE BLVD
FT. LAUDERDALE FL 33312

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 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 D ☒ Delete
NAME JORDON, JEROLD C
STREET ADDRESS 3601 DAVIE BLVD
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE D ☐ Delete
NAME COX, JAMES A
STREET ADDRESS 3601 DAVIE BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE D ☐ Delete
NAME VANDENHOUTEN, J. LEE
STREET ADDRESS 3601 DAVIE BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME ANTHONY C. YORKE
STREET ADDRESS 3601 DAVIE BLVD.
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

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

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

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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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00

954-791-8227

CR2E037 (9/99)