

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90701 043 ****61.25

DOCUMENT # N98000000344

1. Entity Name

LAUDERGATE ISLES CIVIC ASSOCIATION, INC.



Principal Place of Business

**2130 NE 15 ST
FORT LAUDERDALE FL 33304**

Mailing Address

**2130 NE 15 ST
FORT LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMILTON, AMY JONES
2130 NE 15TH STREET
FORT LAUDERDALE FL 33304**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, REX 2 037 NE 2130 NE 15 ST FORT LAUDERDALE FL 33304	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAMILTON, AMY 2130 NE 15 ST FORT LAUDERDALE FL 33304	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUTTI, FRANCESCO 2106 NE 15 ST FT LAUDERDALE FL 33304	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIELS, MARY 2047 NE 14 CT FT LAUDERDALE FL 33304	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ALAN 2031 NE 15 ST FT LAUDERDALE FL 33304	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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: *Francesco Mutti* FRANCESCO MUTTI 12 MAR 9543941630

CR2E037 (10/02)