

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90030 001 ****61.25

DOCUMENT # N98000006237

i. Entity Name

BROWARD COUNTY ARCHAEOLOGICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

6820 NOVA DRIVE
 APT 6-201
 DAVIE FL 33317

6820 NOVA DRIVE
 APT 6-201
 DAVIE FL 33317-7437

2. Principal Place of Business

3. Mailing Address

6720 NOVA DR APT 7-102

6720 NOVA DR APT 7-102

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DAVIE FL.

DAVIE FL.

City & State

City & State

4. FEI Number

65-0885191

Applied For

Not Applicable

Zip
 33312

Country
 U.S.A.

Zip
 33317

Country
 U.S.A.

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

FLYNN, PATRICIA K
 6820 NOVA DRIVE
 APT 6-201
 DAVIE FL 33317

Name
 FLYNN, PATRICIA K
 Street Address (P.O. Box Number is Not Acceptable)
 6720 NOVA DR. APT 7-102
 DAVIE FL
 City FL Zip Code 33317

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

PATRICIA K. FLYNN PRES

4/11/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PASCUCCI, RUDOLPH F 3901 NW 79TH AVE DAVIE FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLYNN, PATRICIA K 6820 NOVA DRIVE, APT G201 DAVIE FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEARSE, SKIP PO BOX 936518 MARGATE FL 33093	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PROUDFOOT, JACQUELINE M 501 E DANIA BEACH BLVD DANIA FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLYNN, PATRICIA K 6720 NOVA DR. 7-102 DAVIE FL. 33317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

PATRICIA K. FLYNN 4/11/00 954-472-7637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #