

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000006237

Entity Name: BROWARD COUNTY ARCHAEOLOGICAL SOCIETY, INC.

FILED
May 02, 2002 8:00 AM
Secretary of State

Current Principal Place of Business:

6720 NOVA DR
APT 7-102
DAVIE, FL 33312 US

New Principal Place of Business:

6720 NOVA DR
APT 7-102
DAVIE, FL 33317 US

Current Mailing Address:

6720 NOVA DR
APT 7-102
DAVIE, FL 33312 US

New Mailing Address:

6720 NOVA DR
APT 7-102
DAVIE, FL 33317 US

FEI Number: 65-0885191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLYNN, PARTICIA K
6720 NOVA DRIVE
APT 7-201
DAVIE, FL 33317

Name and Address of New Registered Agent:

FLYNN, PARTICIA K
6720 NOVA DRIVE
APT 7-102
DAVIE, FL 33317

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, PRESIDENT

Electronic Signature of Registered Agent

05/02/2002

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: PASCUCCI, RUDOLPH F
Address: 3901 NW 79TH AVE
City-St-Zip: DAVIE, FL 33024

Title: PD () Delete
Name: FLYNN, PATRICIA K
Address: 6720 NOVA DR 7-102
City-St-Zip: DAVIE, FL 33317

Title: T () Delete
Name: COCKERHAM, MARY JANE
Address: 18726 NE 18TH AVENUE #218
City-St-Zip: MIAMI, FL 33179

Title: SD () Delete
Name: PROUDFOOT, JACQUELINE M
Address: 501 E DANIA BEACH BLVD
City-St-Zip: DANIA, FL 33004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA K. FLYNN, PRESIDENT

Electronic Signature of Signing Officer or Director

PD

05/02/2002

Date