

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000006237

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

Entity Name: BROWARD COUNTY ARCHAEOLOGICAL SOCIETY, INC.

## Current Principal Place of Business:

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

## Current Mailing Address:

6720 NOVA DR  
APT 7-102  
DAVIE, FL 33312 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

## New Principal Place of Business:

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

## New Mailing Address:

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

## 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

05/02/2002

Electronic Signature of Registered Agent

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 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

PD

05/02/2002

Electronic Signature of Signing Officer or Director

Date