

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000402

1. Entity Name

BROWARD DAYS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90101 028 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
450 E. LAS OLAS BLVD., STE. 750 FT. LAUDERDALE FL 33301	450 E. LAS OLAS BLVD., STE. 750 FT. LAUDERDALE FL 33301-2291

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 65-0888015	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POZZUOLI, EDWARD J
% TRIP SCOTT, P.A.
110 SE 6TH ST., 15TH FLOOR
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name: **SPAULDING, LINDA R**
 Street Address (P.O., Box Number is Not Acceptable):
C/O CONRAD & SCHERER
633 S. FEDERAL HIGHWAY, 8TH FLOOR
 City: **FORT LAUDERDALE** FL Zip Code: **33301**

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:  DATE: **4/26/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	COOKE, LINDA M
STREET ADDRESS	11070 SW 28 COURT
CITY-ST-ZIP	FT. LAUDERDALE FL 33328
TITLE	D <input type="checkbox"/> Delete
NAME	MILLSAPS, JOSEPH R
STREET ADDRESS	871 E. COMMERCIAL BLVD.
CITY-ST-ZIP	FT. LAUDERDALE FL 33334
TITLE	D <input type="checkbox"/> Delete
NAME	PETERSON, BOO
STREET ADDRESS	450 E. LAS OLAS BLVD., STE. 750
CITY-ST-ZIP	FT. LAUDERDALE FL 33301
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, BO
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE: **4/24/00** DAYTIME PHONE #: **954 462 4807**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)