


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

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90154 021 \*\*\*\*61.25

**DOCUMENT # N99000000402**

1. Entity Name  
**BROWARD DAYS, INC.**



Principal Place of Business  
**450 E. LAS OLAS BLVD., STE. 750  
FT. LAUDERDALE FL 33301**

Mailing Address  
**450 E. LAS OLAS BLVD., STE. 750  
FT. LAUDERDALE FL 33301**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0888015** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SPAULDING, LINDA R  
C/O CONRAD & SCHERER  
633 SOUTH FEDERAL HIGHWAY 8 FLOOR  
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOKE, LINDA M</b> <b>1301 RIVER REACH DR APT 303</b> <b>FORT LAUDERDALE FL 33315</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PETERSON, BO</b> <b>450 E. LAS OLAS BLVD., STE. 750</b> <b>FT. LAUDERDALE FL 33301</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOYD, KEVIN</b> <input checked="" type="checkbox"/> Delete <b>901 PROGRESSO DR, 2ND FLOOR</b> <b>FORT LAUDERDALE FL 33304</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROGERS, ROY</b> <input type="checkbox"/> Delete <b>2200 PARK CENTRAL BLVD NORTH</b> <b>POMPANO BEACH FL 33064</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUCKNAM, WILLIAM</b> <input checked="" type="checkbox"/> Delete <b>201 NO FEDERAL HWY</b> <b>DEERFIELD BEACH FL 33441</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEGG, ROBERT</b> <input checked="" type="checkbox"/> Delete <b>1800 N DOUGLAS RD SUITE 200</b> <b>PEMBROKE PINES FL 33024</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BELINDA KEISER</b> <b>1500 NW 49 STREET</b> <b>FORT LAUDERDALE FL. 33309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>IGEN DEON</b> <b>777 SOUTH FLAGLER DRIVE SUITE 215</b> <b>WEST PALM BEACH FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ROBERT VAN FLEET</b> <b>6000 SAGAMONS ROAD</b> <b>FORT LAUDERDALE, FL 33301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Thomas A BRAMS</b> <b>1776 NORTH PINE ISLAND ROAD</b> <b>FORT LAUDERDALE FL. 33322</b>
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: *Kenneth Deon* **RE: KENNETH DEON** **2/3/03 561-837-8536**

CR2E037 (10/02)