

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000001456**

1. Entity Name
FLORIDA YOUNG DEMOCRATS, SUMMER CONVENTION, INC

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90047 044 ***150.00

Principal Place of Business
P.O. BOX 11213
TALLAHASSEE FL 32302

Mailing Address
P.O. BOX 11213
TALLAHASSEE FL 32302-3213

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

FEI Number
59-3562983

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent
**CYNTHIA L. SHERR, P.A.
1940 HARRISON STREET
STE 300
HOLLYWOOD FL 33020**

Name
Street Address (P.O. Box Number is Not Acceptable)
**5346 SW 34 TER
PORT LAUDERDALE FL 33312**

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 *Cynthia L Sherr* **CYNTHIA L SHERR** **4/28/00**
(NOTE: Registered Agent signature required when registering)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
D FLEISCHER RANDY 4241 SW 42 TER DADE FL 33314	
FTTZER, STEVE 517 N. CALHOUN ST TALLAHASSEE, FL 32301	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
D SHERR, CYNTHIA 1940 HARRISON ST., STE 300 HOLLYWOOD FL 33020	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If Any)	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
CYNTHIA SHERR 5346 SW 34 TER PORT LAUDERDALE, FL 33312	☒ Change ☐ Add

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information is based 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address.

SIGNATURE: *Cynthia L Sherr* **CYNTHIA L SHERR** **4/28/00** **954 8949**
Date
Daytime Phone