

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90107 045 \*\*\*\*61.25

**DOCUMENT # N99000003349**

1. Entity Name

**BACCALAURETTE COMMITTEE OF BROWARD COUNTY, INC.**

Principal Place of Business

**2737 NORTHWEST 24 AVE  
FT. LAUDERDALE FL 33311**

Mailing Address

**PO BOX 5824  
FT LAUDERDALE FL 33310****80040856**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSBY, EULA G  
2325 NW 14TH STREET  
FT. LAUDERDALE FL 33311**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD MOSBY, EULA G 2325 NW 14TH STREET FT. LAUDERDALE FL 33311	<input type="checkbox"/>		<input type="checkbox"/>
VPD CRAWFORD, PEARLIE W 2737 NW 24TH AVENUE OAKLAND PARK FL 33311	<input type="checkbox"/>		<input type="checkbox"/>
SD LASSITER, DELPHINE 5300 NW 18TH STREET APT. 3 LAUDERHILL FL 33313	<input type="checkbox"/>		<input type="checkbox"/>
TD GOODRUM, ALZORA 727 NW 15TH AVENUE FT. LAUDERDALE FL 33311	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-30-2001 (954) 735-4876**

CR2E037 (10/00)