

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004972

1. Entity Name

WEST LAUDERDALE COMMUNITY DEVELOPMENT CORPORATIO

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90567 022 ****61.25

Principal Place of Business

644 SOUTHEAST 4TH AVENUE
FORT LAUDERDALE FL 33301

Mailing Address

644 SOUTHEAST 4TH AVENUE
FORT LAUDERDALE FL 33301-3102

2. Principal Place of Business

3601 DAVIE BLVD
Suite, Apt. #, etc.

3. Mailing Address

3601 DAVIE BLVD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State FT. LAUDERDALE FL		City & State FT. LAUDERDALE, FL		4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33312	Country USA	Zip 33312	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HODGES, PERRY W ESQ. 644 SOUTHEAST 4TH AVENUE FORT LAUDERDALE FL 33301		7. Name and Address of New Registered Agent Name JOSEPH L. VANDENHOUTEN Street Address (P.O. Box Number is Not Acceptable) 3601 SW 46 AVE DAVIE BLVD City FT. LAUDERDALE FL Zip Code 33312	
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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 JOSEPH L. VANDENHOUTEN 4/24/2000
(NOTE: Registered Agent signature required when reinstating)

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 PD NAME VANDENHOUTEN, JOSEPH L STREET ADDRESS 3601 DAVIE BOULEVARD CITY-ST-ZIP FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SVD NAME COX, JAMES A STREET ADDRESS 3601 DAVIE BOULEVARD CITY-ST-ZIP FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME CRUISE, HERMAN STREET ADDRESS 3601 DAVIE BOULEVARD CITY-ST-ZIP FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ABRAHAMS, JEANETTE STREET ADDRESS 3601 DAVIE BOULEVARD CITY-ST-ZIP FORT LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ANTHONY R. YORKE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D YORKE, ANTHONY R 3601 SW DAVIE BLVD FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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

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: JOSEPH L. VANDENHOUTEN 4/24/2000 954 791-3296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)