

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 91005 038 \*\*\*158.75

**DOCUMENT # P01000099401**

**1. Entity Name**  
**GAY BETTER BUSINESS ASSOCIATION, INC.**

Principal Place of Business <del>800 EAST BROWARD BOULEVARD</del> <del>SUITE 310</del> <del>FORT LAUDERDALE FL 33301</del>	Mailing Address <del>800 EAST BROWARD BOULEVARD</del> <del>SUITE 310</del> <del>FORT LAUDERDALE FL 33301</del>
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<b>2. Principal Place of Business</b> 850 NE 13TH STREET Suite, Apt. #, etc.	<b>3. Mailing Address</b> 850 NE 13TH ST Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State FT LAUDERDALE FL	City & State FT LAUDERDALE FL	4. FEI Number 65-1155751	Applied For Not Applicable
Zip 33304	Country	Zip 33304	Country
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

<b>6. Name and Address of Current Registered Agent</b> <del>BISSENETTE, ROBERT P</del> <del>800 EAST BROWARD BOULEVARD</del> <del>SUITE 310</del> <del>FORT LAUDERDALE FL 33301</del>	<b>7. Name and Address of New Registered Agent</b> Name: MARK POSSIEN Street Address (P.O. Box Number is Not Acceptable) 850 NE 13TH STREET City: FORT LAUDERDALE FL Zip Code: 33304
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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: [Signature] DATE: 2/28/02  
Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POSSIEN, MARK 850 N.E. 13TH STREET FORT LAUDERDALE FL 33304 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** [Signature] 2/28/02 954-524-5050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)