

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90286 023 ***150.00

DOCUMENT # P94000073926

1. Entity Name
SOUTH BROWARD, INC.



Principal Place of Business
P.O. BOX 22-1537
HOLLYWOOD FL 33022

Mailing Address
P.O. BOX 22-4057
HOLLYWOOD FL 33022



2. Principal Place of Business

P.O. Box 22-4057

3. Mailing Address

P.O. Box 22-4057

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Hollywood, FL 33022

City & State

Hollywood, FL

4. FEI Number

65-0559173

Applied For

Not Applicable

Zip

33022

Country

U.S.A

Zip

33022

Country

U.S.A

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

FUTCH, JAMES

2854 STIRLING RD

B

HOLLYWOOD FL 33020

Name

Allen D. Siegel

Street Address (P.O. Box Number is Not Acceptable)

2011 SW 70 AVE # 812

City

DAVIE

FL

Zip Code
33317

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

Allen D. Siegel

2/11/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD FUTCH, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4000 N 30TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE NAME	VD MANNIX, TIMOTHY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4000 N 30TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE NAME	Vice	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	President Allen Siegel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2011 SW 70 AVE # 812	
CITY-ST-ZIP	DAVIE, Florida 33317	
TITLE NAME	Vice-President Lyle Beir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2011 SW 70 AVE # 812	
CITY-ST-ZIP	DAVIE, FL 33317	
TITLE NAME	Vice-President John Nevins	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2011 SW 70 AVE # 812	
CITY-ST-ZIP	DAVIE, FL 33317	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allen Siegel

2/11/03

954-888-1550

Date

Daytime Phone #

CR2E034 (10/02)