

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90167 042 ***150.00

0104644

DOCUMENT # P96000024905

1. Entity Name

WEST BROWARD RECREATIONAL CENTER, INC.

Principal Place of Business

**411 MALLARD ROAD
 WESTON FL 33027**

Mailing Address

**C/O SILER & YAFFE CPA
 2419 HOLLYWOOD BLVD
 HOLLYWOOD FL 33020**

2. Principal Place of Business

2565 Sands Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

Cooper City FL

City & State

Zip

33026

Country

USA

Zip

Country

4. FEI Number **65-0655037**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SILER, SUSAN
 411 MALLARD ROAD
 WESTON FL 33027**

7. Name and Address of New Registered Agent

Name **SILER, SUSAN**

Street Address (P.O. Box Number is Not Acceptable)
2565 Sands Way

City **Cooper City FL** Zip Code **33026**

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

(NOTE: Registered Agent signature required when reinstating)

4/30/01
 DATE

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, 2001 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 **P** ☐ Delete
 NAME **SILER, SUSAN**
 STREET ADDRESS **411 MALLARD ROAD**
 CITY-ST-ZIP **WESTON FL 33027**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.D.** ☒ Change ☐ Addition
 NAME **SILER, SUSAN**
 STREET ADDRESS **2565 Sands Way**
 CITY-ST-ZIP **Cooper City FL 33026**

TITLE **V.P. D.** ☐ Change ☒ Addition
 NAME **LORI LAURENS**
 STREET ADDRESS **1659 EAST LAKE WAY**
 CITY-ST-ZIP **WESTON FL 33026**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SUSAN SILER
 PRES**

4/30/01

Date

954 435-8757

Daytime Phone #

CR2E034 (10/00)

A0067403



DO NOT WRITE IN THIS SPACE