

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034074

1. Entity Name

FLORIDA YOUNG DEMOCRATS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90117 004 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 11213
TALLAHASSEE FL 32302

P.O. BOX 11213
TALLAHASSEE FL 32302-3213

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2843559

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

CYNTHIA L. SHERR, P.A.
1940 HARRISON STREET
STE 300
HOLLYWOOD FL 33020

Name

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

5346 SW 34 TER

City

PORT LAUDERDALE FL

Zip Code

33312

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

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

CYNTHIA L SHERR

4/28/00

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete
NAME ELKINS, AARON
STREET ADDRESS 8945 85TH STREET N
CITY-ST-ZIP LARGO FL 33777

TITLE D ☒ Change ☐ Addition
NAME AARON ELKINS
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Delete
NAME TAYLOR, PAM
STREET ADDRESS 1515 PAUL RUSSELL RD #44
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE D ☒ Delete
NAME NEWTON, DEREK
STREET ADDRESS P.O. BOX 11213
CITY-ST-ZIP TALLAHASSEE FL 32302

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

TITLE V ☐ Delete
NAME WANZER, ED
STREET ADDRESS P.O. BOX 20206
CITY-ST-ZIP JACKSONVILLE FL 32225

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

TITLE V ☐ Delete
NAME DEAKINS, ROBERTA
STREET ADDRESS P.O. BOX 11213
CITY-ST-ZIP TALLAHASSEE FL 32302

TITLE S ☒ Change ☐ Addition
NAME ROBERTA DEAKINS
STREET ADDRESS P.O. BOX 11213
CITY-ST-ZIP TALLAHASSEE

TITLE D ☐ Delete
NAME SHERR, CYNTHIA
STREET ADDRESS 1940 HARRISON ST., STE 300
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☒ Change ☐ Addition
NAME CYNTHIA SHERR
STREET ADDRESS 5346 SW 34 TER
CITY-ST-ZIP PORT LAUDERDALE, FL 33312

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:

Cynthia L Sherr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)