

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055137

1. Entity Name
SOUTH FLORIDA FACILITIES CORPORATION

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 91409 030 ***150.00

Principal Place of Business Mailing Address
19612 S.W. 69TH PLACE 19612 S.W. 69TH PLACE
FORT LAUDERDALE FL 33332 FORT LAUDERDALE FL 33332-1618

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0853664** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WORKMAN, B T
19612 S.W. 69TH PLACE
FORT LAUDERDALE FL 33332

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (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			
TITLE	D	<input type="checkbox"/> Delete	
NAME	WORKMAN, B T		
STREET ADDRESS	19612 S.W. 69TH PLACE		25%
CITY-ST-ZIP	FORT LAUDERDALE FL 33332		
TITLE	D	<input type="checkbox"/> Delete	
NAME	BERGERON, LONNIE N		
STREET ADDRESS	19612 S.W. 69TH PLACE		25%
CITY-ST-ZIP	FORT LAUDERDALE FL 33332		
TITLE	D	<input type="checkbox"/> Delete	
NAME	BERGERON, RONALD M JR.		
STREET ADDRESS	19612 S.W. 69TH PLACE		25%
CITY-ST-ZIP	FORT LAUDERDALE FL 33332		
TITLE	D	<input type="checkbox"/> Delete	
NAME	BERGERON, RONALD M SR.		
STREET ADDRESS	19612 S.W. 69TH PLACE		25%
CITY-ST-ZIP	FORT LAUDERDALE FL 33332		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: TOD WORKMAN 4/28/00 (954) 680-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)