

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000088415**

1. Entity Name

TEN-MILL OF BROWARD COUNTY, INC.**FILED**
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90106 038 ***150.00

Principal Place of Business

**1701 WEST HILLSBORO BLVD. SUITE 401
DEERFIELD BEACH FL 33431**

Mailing Address

**1701 WEST HILLSBORO BLVD. SUITE 401
DEERFIELD BEACH FL 33442-1572**

2. Principal Place of Business

5251 NW 33rd Avenue

3. Mailing Address

777 Yamato Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite #330

City & State

Ft. Lauderdale, FL

City & State

Boca Raton, FL

4. FEI Number

65-0867309

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

33431

Country

USA5. 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

MOORE, W R**4800 N. FEDERAL HIGHWAY SUITE 210-A
BOCA RATON FL 33431**

Name

Myrick, Kim

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

777 Yamato Road

#330

City

Boca Raton**FL**

Zip Code

33431

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

*Kim Myrick***(Secretary/Treasurer)****4/28/00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, DOYLE	
STREET ADDRESS	2885 N.E. 27TH STREET	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33306	

TITLE	Lechner, Brian (Pres)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	360 SE Mizner Blvd. #1509	
STREET ADDRESS	Boca Raton, FL 33432	
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MYRICK, KIM	
STREET ADDRESS	1664 FLAGLER MANOR CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	

TITLE	Myrick, Kim (Sec/Tres)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1664 Flagler Manor Circle	
STREET ADDRESS	West Palm Beach, FL 33411	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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:*Kim Myrick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/28/00**

Date

561-893-0163

Daytime Phone #

CR2E034 (9/99)