

05-03-2001 90938 038 \*\*\*\*61.25

DOCUMENT # **762430**

1. Entity Name

Spectrum Business Park Association, Inc.

Principal Place of Business	Mailing Address
1900 West Commercial Blvd. Suite #200 Fort Lauderdale, FL 33309	1900 West Commercial Blvd. Suite #200 Fort Lauderdale, FL 33309

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	Applied For
65-0340570	<input type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Boyle, Conrad J. Esquire  
500 East Broward Blvd., #1950  
Fort Lauderdale, FL 33394

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D Chynoweth, Dale	<input type="checkbox"/> Delete
STREET ADDRESS	1500 NW 49th Street, #500	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE NAME	D Hall, Dee	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1500 NW 49th Street, #500	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE NAME	ST Fast, Jack	<input type="checkbox"/> Delete
STREET ADDRESS	1500 NW 49th Street, #500	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1900 West Commercial Blvd., #200	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1900 West Commercial Blvd., #200	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE NAME	D Arthur Keiser PHD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1500 NW 49th Street, #300	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
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 617, 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: Spectrum Business Park Assoc  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: June 7/01 Daytime Phone # \_\_\_\_\_

CR2037 (11/00)