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TOWN OF DAVIE  
Town Clerk's Office

02-10-12 P02:49 RCVD

*W*

ELECTIONEERING COMMUNICATION  
STATEMENT OF ORGANIZATION

(PLEASE TYPE)

OFFICE USE ONLY

1. Full Name of Organization

A Better Future for our Town, Inc. *JB*

Telephone

813-541-6897

Mailing Address (include city, state and zip code)

126 Sidonia Ave #7, Coral Gables, FL 33134

Street Address (include city, state and zip code)

same

2. Affiliated or Connected Organizations

| Name of Affiliated or Connected Organization | Mailing Address | Relationship |
|--|-----------------|--------------|
| N/A  |                 |              |

3. Area, Scope and Jurisdiction of the Organization

Municipal candidates - Davie, Florida

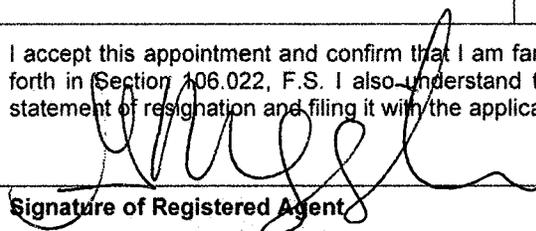
4. Identify by Name, Address & Position, the Custodian of Books & Accounts for the Organization

| Full Name       | Mailing Address   | Street Address | Title or Position |
|-----------------|---|----------------|-------------------|
| Gloria Maggiolo | 2121 Ponce de Leon,<br>Suite 1100<br>Coral Gables, FL 33134 | same           | Treasurer         |

5. This Organization was formed (check applicable box): (Calendar quarters end the last day of March, June, September, and December.)

As a newly created organization during the current calendar quarter.

From an organization existing prior to the current calendar quarter.

|   |                                   |
|---|-----------------------------------|
| <b>REGISTERED AGENT<br/>STATEMENT OF APPOINTMENT</b><br>(Section 106.022, F.S.)   | <b>OFFICE USE ONLY</b>            |
| <input checked="" type="checkbox"/> Original Appointment <input type="checkbox"/> Change of Appointment<br><input type="checkbox"/> Change of Mailing Address <input type="checkbox"/> Change of Physical Address   |                                   |
| <b>Registered Agent and Office Information</b>  |                                   |
| Name: <b>Gloria Maggiolo</b> Telephone: <b>305-442-2200</b>   |                                   |
| Street Address: <b>2121 Ponce de Leon, Suite 1100</b>   |                                   |
| City: <b>Coral Gables</b> State: <b>FL</b> Zip Code: <b>33134</b>   |                                   |
| Mailing Address: <b>same</b>  |                                   |
| City: _____      State: _____      Zip Code: _____  |                                   |
| I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer. |                                   |
| <br>_____<br>Signature of Registered Agent  | <b>2/10/12</b><br>_____<br>Date   |
| <b>Former Registered Agent and Office Information (for changes only)</b>  |                                   |
| Name: _____      Telephone: _____   |                                   |
| Street Address: _____   |                                   |
| City: _____      State: _____      Zip Code: _____  |                                   |
| <b>Committee or Organization Information</b>  |                                   |
| Name of Committee or Organization: <b>A Better Future for our Town, Inc.</b> <i>df</i>  |                                   |
| Street Address: <b>126 Sidonia Ave #7</b> Telephone: <b>813-541-6897</b>  |                                   |
| City: <b>Coral Gables</b> State: <b>FL</b> Zip Code: <b>33134</b>   |                                   |
| _____<br>Signature of Chairperson   |                                   |
| <b>Jordan Behlman</b><br>_____<br>Printed Name of Chairperson   | <b>2/10/2012</b><br>_____<br>Date |

*ML*

**6. List By Name, Mailing and Street Address, & Position, Other Principal Officers, including the treasurer and deputy treasurer, if any. Include the top-ranking officer's (e.g., chairperson) name and information.**

| Full Name       | Mailing Address  | Street Address | Title or Position |
|-----------------|--|----------------|-------------------|
| Jordan Behlman  | 126 Sidonia Ave #7<br>Coral Gables, FL 33134                 | same           | Chairman          |
| Gloria Maggiolo | 2121 Ponce de Leon,<br>Suite 11000<br>Coral Gables, FL 33134 | same           | Treasurer         |

**7. In the Event of Dissolution, What Disposition will be Made of the Residual Funds?**

Return pro rata to contributors or contributed to charity exempt pursuant to 501(c)(3) of IRS Code

**8. List All Banks, Safety Deposit Boxes, or Other Depositories Used by this Organization for Electioneering Communications**

| Name of Bank or Depository | Mailing Address  |
|----------------------------|--|
| U.S. Century Bank          | 3001 Ponce de Leon Blvd., #100<br>Coral Gables, FL 33134 |

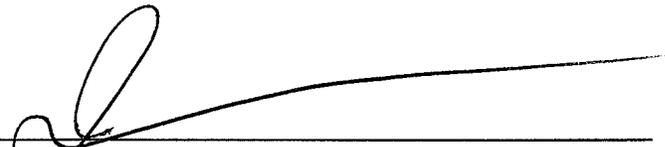
**9. List All Reports Required to be Filed by this Organization with Federal Officials, & the Names, Addresses, & Positions of Such Officials, If Any**

| Report Title  | Dates Required to be Filed | Name & Position of Official | Mailing Address |
|---------------|----------------------------|-----------------------------|-----------------|
| Form 8871     | w/in 24 hours              | IRS                         | Ogden, UT       |
| Form 1120-POL | 3 mths after calendar year | IRS                         | Ogden, UT       |
| Form 990      | 5 mths after calendar year | IRS                         | Ogden, UT       |

STATE OF Florida \_\_\_\_\_ Miami Dade \_\_\_\_\_ COUNTY

I, Jordan Behlman \_\_\_\_\_, certify that the information in this Statement of

Organization is complete, true, and correct.

**X**   
Signature of Top-ranking Principal Officer of Organization

2/10/2012  
Date