

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90005 006 \*\*\*\*61.25

0046945

**DOCUMENT # 707192**

1. Entity Name

**AMERICAN LUNG ASSOCIATION OF SOUTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

**2020 SOUTH ANDREWS AVE.  
 FT. LAUDERDALE FL 33316**

**2020 SOUTH ANDREWS AVE.  
 FT. LAUDERDALE FL 33316**

100040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0751907**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**JUST, DAVID R  
 2020 S ANDREWS AVE  
 FT LAUDERDALE FL 33316**

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

**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

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>STONE, JOYCE E</b>	
STREET ADDRESS	<b>2500 NE 48TH LANE #203</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33308</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>DORR, RICHARD</b>	
STREET ADDRESS	<b>949 S. NORTH LAKE DRIVE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SCOTT, STEVEN</b>	
STREET ADDRESS	<b>5230 N. FEDERAL HWY</b>	
CITY-ST-ZIP	<b>LIGHT HOUSE POINT FL 33064</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>BRAUSS, JAMES R</b>	
STREET ADDRESS	<b>1528 NE 4TH AVENUE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33304</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STONE, JOYCE E</b>	
STREET ADDRESS	<b>2500 NE 48th LANE #203</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33308</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORR, RICHARD</b>	
STREET ADDRESS	<b>949 S. NORTH LAKE DRIVE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33019</b>	
TITLE	<b>PPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, STEVEN</b>	
STREET ADDRESS	<b>5230 N. FEDERAL HWY</b>	
CITY-ST-ZIP	<b>LIGHT HOUSE POINT, FL 33064</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUYER, LISA MARIE</b>	
STREET ADDRESS	<b>805 E. HILLSBORO BLVD.</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33441</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOLDBERG, ADAMS S.</b>	
STREET ADDRESS	<b>7770 W. OAKLAND PARK BLVD-#470</b>	
CITY-ST-ZIP	<b>SUNRISE, FL 33351</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

**SIGNATURE REQUIRED BUYER, LISA MARIE**

01/11/01

954-524-4657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)