

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90038 042 \*\*\*\*61.25

**DOCUMENT # 728055**

1. Entity Name

**BROWARD COUNTY ASSOCIATION OF THE DEAF, INC.**

Principal Place of Business

Mailing Address

**BROWARD ASSOC. OF THE DEAF  
 362 WEST SAMPLE ROAD  
 POMPANO BEACH FL 33064**

**BROWARD ASSOC. OF THE DEAF  
 362 WEST SAMPLE ROAD  
 POMPANO BEACH FL 33064-2757**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7326978**

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6.- Name and Address of Current Registered Agent

7.- Name and Address of New Registered Agent

**TVEDE, BODIL C  
 362 W SAMPLE RD  
 STE 121  
 POMPANO BEACH FL 33064**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WHEELER, MILDRED</b>	
STREET ADDRESS	<b>4601 SW 30TH WAY</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>FINKELSTEIN, NORMAN</b>	
STREET ADDRESS	<b>7561 NW 1ST BLVD 11 #308</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>UDELSON, JOEL</b>	
STREET ADDRESS	<b>4223 NW 83RD LANE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>TVEDE, BODIL</b>	
STREET ADDRESS	<b>9812-A 62ND TERRACE S</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>RABIN, MEYER</b>	
STREET ADDRESS	<b>1830 HAMMOCK BLVD</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>GEFFEN, ROBERT</b>	
STREET ADDRESS	<b>7702 BRISTOL BAY LN</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 *Bodil C. Tvede*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/28/2000* Date  
*(TTY) 954-784-0042* Daytime Phone #