

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **729971** (2)

1. Corporation Name

ESTATE PLANNING COUNCIL OF BROWARD COUNTY, INC.



Principal Place of Business

Mailing Address

~~501 E. LAS OLAS BLVD.~~
~~FORT LAUDERDALE FL 33301~~
US

~~ONE E. BROWARD BOULEVARD~~
~~SUITE 1200~~
FORT LAUDERDALE FL 33301
US

3. Date Incorporated or Qualified
06/18/1974

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 **9900 STIRLING ROAD**

26 **9900 STIRLING ROAD**

4. FEI Number

23-7411611

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 221**

27 **SUITE 221**

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

City & State

City & State

23 **COOPER CITY FL**

28 **COOPER CITY FL**

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

Zip

Country

24 **33024-8066** 25 **US**

Zip

Country

29 **33024-8066** 30 **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUDOLF, GARY L.
ONE EAST BROWARD BOULEVARD
SUITE 1200
FORT LAUDERDALE FL 33301

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **RUDOLF, GARY L.**
STREET ADDRESS **ONE EAST BROWARD BOULEVARD, SUITE 1200**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **VD** ☐ DELETE
NAME **FUERST, DAVID D.**
STREET ADDRESS **5900 NORTH ANDREWS AVENUE, SUITE 908**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **TD** ☐ DELETE
NAME **FREIFELD, FRED**
STREET ADDRESS **2221 NORTH UNIVERSITY DRIVE, #A**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **SD** ☐ DELETE
NAME **BURKETT, PARTICK**
STREET ADDRESS **1007 SOUTH FEDERAL HIGHWAY**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **DA** ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **33309**

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **FREIFELD, FRED**
3.3 STREET ADDRESS **9900 STIRLING ROAD, SUITE 221**
3.4 CITY-ST-ZIP **COOPER CITY, FL 33024-8066**

4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **BURKETT, PATRICK M.**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **33441**

5.1 TITLE **DA** ☐ Change ☒ Addition
5.2 NAME **DAVIS, JAMES B.**
5.3 STREET ADDRESS **100 NE 3RD AVE, SUITE 400**
5.4 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED FREIFELD VP D

4/16/96

954 433 0498

Date

Daytime Phone

CR2E037 (12/95)