

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

~~9900 STIRLING RD.~~
~~221-~~
~~COOPER CITY FL 33024-8066~~
~~US~~9900 STIRLING RD
221
COOPER CITY FL 33024-8066
US3. Date Incorporated or Qualified
06/18/19743a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 100 N.E. Third Avenue

26 100 N.E. Third Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 400

27 Suite 400

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

Zip

Country

Zip

Country

24 33301

25 US

29 33301

30 US

4. FEI Number

23-7411611

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

James B. Davis

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

100 NE 3rd Avenue Suite 400

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33301

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.

James B. Davis

(NOTE: Registered Agent signature required when reinstating)

1/24/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME RUDOLF, GARY L.
STREET ADDRESS ONE EAST BROWARD BOULEVARD, SUITE 1200
CITY-ST-ZIP FORT LAUDERDALE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE PD ☒ DELETE
NAME FUERST, DAVID D.
STREET ADDRESS 5900 NORTH ANDREWS AVENUE, SUITE 908
CITY-ST-ZIP FORT LAUDERDALE FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME FREIFELD, FRED
STREET ADDRESS 9900 STIRLING RD STE 221
CITY-ST-ZIP COOPER CITY FL3.1 TITLE ☒ Change ☐ Addition
3.2 NAME PD
3.3 STREET ADDRESS Freifeld, Fred
3.4 CITY-ST-ZIP 9900 Stirling Road, Suite 221
Cooper City, FL 33024TITLE TD ☐ DELETE
NAME BURKETT, PARTICK
STREET ADDRESS 1007 SOUTH FEDERAL HIGHWAY
CITY-ST-ZIP DEERFIELD BEACH FL4.1 TITLE ☒ Change ☐ Addition
4.2 NAME VD
4.3 STREET ADDRESS Burkett, Patrick
4.4 CITY-ST-ZIP 1007 South Federal Highway, 2nd Fl.
Deerfield Beach, FL 33441TITLE S ☐ DELETE
NAME DAVIS JAMES B.
STREET ADDRESS 100 NE 3RD AVE STE 400
CITY-ST-ZIP FT. LAUDERDALE FL5.1 TITLE ☒ Change ☐ Addition
5.2 NAME TD
5.3 STREET ADDRESS Davis, James B.
5.4 CITY-ST-ZIP 100 N.E. 3rd Avenue, Suite 400
Ft. Lauderdale, FL 33301TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☒ Addition
6.2 NAME SD
6.3 STREET ADDRESS Fuerst, Douglas P.
6.4 CITY-ST-ZIP 5900 N. Andrews Avenue, #908
Ft. Lauderdale, FL 33309

14. I do 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 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, PRESIDENT

Date

1/25/97

Daytime Phone # 954 433 0448

CP2E037 (9/96)