

2000 UNIFORM BUSINESS REPORT (UBR)

2/10/00-90056-010-\$70.00-\$70.00

DOCUMENT # 730668

FILED

1. Entity Name

LIGHTHOUSE OF BROWARD COUNTY, INC.

00 MAR -9 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

650 NORTH ANDREWS AVENUE
FT. LAUDERDALE FL 33311

650 NORTH ANDREWS AVENUE
S103
FT. LAUDERDALE FL 33311-7436
US



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

59-1650909

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

7. Name and Address of New Registered Agent

- COLVIN, SUSAN
650 N ANDREWS AVENUE
FT LAUDERDALE FL 33311

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	PD	<input checked="" type="checkbox"/> Delete
NAME	TALISMAN, HAROLD	
STREET ADDRESS	301 YAMATO RD	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	ED	<input type="checkbox"/> Delete
NAME	BECOVSKY, ROSALYN	
STREET ADDRESS	650 N ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHIPLEY, DAVID DR.	
STREET ADDRESS	1321 S POWERINE RD	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VP D	<input type="checkbox"/> Delete
NAME	MILLER, HARLEY	
STREET ADDRESS	614 S FEDERAL HWY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	TVD	<input type="checkbox"/> Delete
NAME	DISMAS, JAMES	
STREET ADDRESS	2841 N OCEAN BLVD #1907	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME	ALVIN COHEN	
STREET ADDRESS	2216 NW 47 PLACE	
CITY-ST-ZIP	LAUDERHILL, FL 33319	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EXECUTIVE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BOARD OF DIRECTORS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOARD OF DIRECTORS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOARD OF DIRECTORS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVIN COHEN	
STREET ADDRESS	TREASURER	
CITY-ST-ZIP	BOARD OF DIRECTORS	

CR2E037 (9/99)

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

Rosalyn Becovsky 3/7/00 (954) 463-4219
EXECUTIVE DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #