

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90496 044 \*\*\*\*61.25

**DOCUMENT # 731408**

1. Entity Name  
**THE SHEPARD BROAD FOUNDATION, INC.**

Principal Place of Business 1200 LINCOLN RD SUITE 200 MIAMI BEACH FL 33139	Mailing Address 1200 LINCOLN RD SUITE 200 MIAMI BEACH FL 33139
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B0116705



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 801 Brickell Avenue Suite, Apt. #, etc. Suite 2350 City & State Miami FL Zip 33131	Country USA	3. Mailing Address 801 Brickell Avenue Suite, Apt. #, etc. Suite 2350 City & State Miami FL Zip 33131	Country USA
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4. FEI Number 59-0998866	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**BUSSEL, ANN B**  
**420 AVENUE ROVINO**  
**CORAL GABLES FL 33156**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>BROAD, SHEPARD</b> <b>9405 E. BROADVIEW DR.</b> <b>BAY HARBOR ISLS. FL 33154</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>BROAD, MORRIS N.</b> <b>3609 ALHAMBRA CT</b> <b>CORAL GABLES FL 33114</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BUSSEL, ANN B.</b> <b>420 ROVINO AVE</b> <b>CORAL GABLES FL 33156</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUSSEL, DEBORAH</b> <b>409 N HIBISCUS DR</b> <b>MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BUSSEL, JOHN M.</b> <b>9 ISLAND AVE</b> <b>MIAMI BCH FL 33139</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUSSELL, DANIEL J.</b> <b>5824 VARNA AVENUE</b> <b>VAN NUYS CA 91401</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Karen A.B. Berman</b> <b>10228 Governors Dr</b> <b>Chapel Hill NC 27514</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>Morris N. Broad</b> <b>1030 Hardee Road</b> <b>Coral Gables FL 33146</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Ann B. Bussel</b> <b>420 Rovino Ave</b> <b>Coral Gables FL 33156</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>Deborah Bussel</b> <b>1000 Venetian Way Apt. 802</b> <b>Miami FL 33139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>John M. Bussel</b> <b>9 Island Ave Apt. 501</b> <b>Miami Beach, FL 33139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Daniel J. Bussel</b> <b>5824 Varna Avenue</b> <b>Valley Glen CA 91401</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John Bussel* John Bussel 4/30/2002

CR2E037 (9/01)