

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90212 018 \*\*\*\*70.00

**DOCUMENT # 741760**

1. Entity Name  
**JOHN KNOX VILLAGE OF FLORIDA, INC.**



Principal Place of Business      Mailing Address

**651 SW 6TH STREET  
POMPANO BCH FL 33060**      **651 SW 6TH STREET  
POMPANO BCH FL 33060**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-1800721**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**SCHARMANN, ROBERT P**  
**651 SW 6TH ST**  
**POMPANO BEACH FL 33060**

**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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FURMAN, FRANK, JR.</b>	
STREET ADDRESS	<b>1314 E. ATLANTIC BLVD.</b>	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ALLISON, WILLIAM</b>	
STREET ADDRESS	<b>500 SOUTH CYPRESS RD.</b>	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>WHEELER, LESTER R.</b>	
STREET ADDRESS	<b>513 W. EVANSTON CIRCLE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33312</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>WEBB, WILLIAM A</b>	
STREET ADDRESS	<b>404 E. ATLANTIC BLVD.</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33060</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAURER, ROY E</b>	
STREET ADDRESS	<b>631 S.W 69 STREET -SUITE 1003</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33060</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wiley, Helen</b>	
STREET ADDRESS	<b>631 SW 6th Street - 150302</b>	
CITY-ST-ZIP	<b>Pompano Beach, FL 33060</b>	
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:** *Robert Scharmann* **ROBERT SCHARMANN** 3/25/03 954-783-4000

CR2E037 (10/02)