

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2001 8:00 am
Secretary of State

07-20-2001 90002 006 ****70.00

0010119

DOCUMENT # 751600

1. Entity Name

PLANNED PARENTHOOD OF SOUTH PALM BEACH AND BROWA

Principal Place of Business

**455 NW 35TH STREET
 BOCA RATON FL 33431**

Mailing Address

**455 NW 35TH STREET
 BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1989443

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LAWANDA, JOSEPH
 2412 SW 233 CRANBROOK DR.
 BOYNTON BCH. FL 33436**

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

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

After September 12, 2001, min. will be \$236.25

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 **DVC** ☐ Delete
 NAME **FRIEDKIN, LORA**
 STREET ADDRESS **7267-MANDARIN DR.**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **PDC** ☐ Delete
 NAME **JOSEPH, LAWANDA**
 STREET ADDRESS **2412 SW 23 CRANBROOK DR**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **BT** ☐ Delete
 NAME **BRILLIANT, JOHN**
 STREET ADDRESS **100 NW 12 AVE.**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Friedkin, Lora** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **455 NW 35 ST.**
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **Joseph, Lawanda** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **455 NW 35 ST.**
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **SDS Secretary** ☒ Change ☐ Addition
 NAME **Albert McGhee**
 STREET ADDRESS **5501 West Atlantic Blvd. #203**
 CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE **455 NW 35 ST.** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **Boca Raton, FL 33431**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Lawanda Joseph

7-12-01

924-925-8119

CR2E037 (5/01)