

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000988

1. Entity Name

THE NATIONAL SPECIAL NEEDS NETWORK FOUNDATION, I
NC.

Principal Place of Business

8041 WEST MCNAB RD.
TAMARAC FL 33321

Mailing Address

8041 WEST MCNAB RD.
TAMARAC FL 33321

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

65-0981102

Applied For

Not Applicable

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

MINDE, JEFFREY ESQ.
8041 WEST MCNAB RD.
TAMARAC FL 33321

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 NAME ☐ Delete
D MINDE, JEFFREY H ESQ.
STREET ADDRESS 8041 WEST MCNAB RD.
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE NAME ☐ Delete
D COHN, L. JERRY ESQ.
STREET ADDRESS 8041 WEST MCNAB RD.
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE NAME ☐ Delete
D TUCKER, KENNETH S
STREET ADDRESS 6100 GLADES RD.,STE.302
CITY-ST-ZIP BOCA RATON FL 33434

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

TITLE NAME ☐ Delete
D MALLOY, THOMAS J
STREET ADDRESS 409 E. 64TH STREET, #4E
CITY-ST-ZIP NEW YORK NY 10021

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ 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:

JEFFREY H. MINDE

9/29/02

754-721-1020

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE