

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006836

1. Entity Name

FRIEND FOR LIFE RECREATIONAL CENTER FOR DISABLED ADULTS, INC.

Principal Place of Business

Mailing Address

1805 SANSOUCI BOULEVARD
APARTMENT 404 E
NORTH MIAMI FL 33181

Suite

1805 SANSOUCI BOULEVARD
APARTMENT 404 E
NORTH MIAMI FL 33181

2. Principal Place of Business

3. Mailing Address

1805 SANSOUCI Blvd

Suite, Apt. #, etc.

404E NORTH MIAMI

Suite, Apt. #, etc.

City & State

FL 33181

City & State

FL 33181

Zip

Country

Zip

Country

4. FEI Number

65-1144673

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

Name

IRIS Rolfe

Street Address (P.O. Box Number is Not Acceptable)

1805 SANSOUCI Blvd Suite 404E

NORTH MIAMI

City

FL 33181

ROLLE, IRIS
1805 SANSOUCI BOULEVARD
APARTMENT 404 E
NORTH MIAMI FL 33181

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 D
NAME ROLLE, IRIS
STREET ADDRESS 1805 SANSOUCI BOULEVARD, APT. 404 E
CITY-ST-ZIP NORTH MIAMI FL 33181

☐ Delete

TITLE D
NAME CHIVERTON, DAVID
STREET ADDRESS 668 S W 4TH STREET
CITY-ST-ZIP MIAMI FL 33130

☐ Delete

TITLE D
NAME WILLIAM, BARBARA
STREET ADDRESS 1805 SANSOUCI BOULEVARD, APT. 404 E
CITY-ST-ZIP NORTH MIAMI FL 33181

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME Rolfe IRIS
STREET ADDRESS 1805 SANSOUCI Blvd Suite 404E
CITY-ST-ZIP NORTH MIAMI FL 33181

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME BARBARA WILLIAM
STREET ADDRESS 1776 NORMAN ST. APT 3
CITY-ST-ZIP MIAMI BEACH 33141

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-27-2002 90495 040 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)