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

FILED
Feb 26, 2003 8:00 am
Secretary of State
02-10-2003 90178 044 ****61.25

2/1(

DOCUMENT # N19175

1. Entity Name

THE BROWARD COUNTY MEDICAL ASSOCIATION ALLIANCE FOUNDATION, INC.

Principal Place of Business	Mailing Address
5101 N.W. 21ST AVE. #440 FT. LAUDERDALE FL 33309 US	5101 N.W. 21ST AVE. #440 FT. LAUDERDALE FL 33309 US

☐ CHECK HERE IF MAKING CHANGES

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 65-0710590 ☐ 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
PETERSON, CYNRHIA S 5101 NW 21 AVE SUITE #440 FT. LAUDERDALE FL 33309	Name: Peterson, Cynthia – spelling correction of first 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BELETTE, IVETTE D 2488 POINCIANA LANE WESTON FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President-Elect D Belette, Ivette D 2488 Poinciana Lane Weston, FL 33324	☒ Change ☐ Addition in title
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED AST, PARK D 6180 SW 51ST COURT DAVIE FL 33314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President D Ast, Joan 6180 SW 51 st Court Davie, FL 33314	☒ Change ☐ Addition in title + in first name
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BUHLER, LYNN 2705 WALKERS WAY WESTON FL 33332	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lynn Buhler no longer officer	☒ Change ☐ Addition Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MOLL, DIANA D 2602 OAKBROOK COURT WESTON FL 33332	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President D Moll, Diana 2402 Oakbrook Court Weston, FL 33332	☒ Change ☐ Addition in title
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RDS SHELDON, ALYSSO 5101 NW 21ST AVE FORT LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Recording Secretary Sheldon, Alissa 549 Victoria Isle Way Weston, FL 33327	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer D Linda Fauer 701 Intracoastal Drive Ft. Lauderdale, FL 33304	☒ Change ☒ Addition

CR2E037 (10/02)

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: SI Linda M. Fauer LIF (Linda M. Fauer) 2/6/03 (954)563-4739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #