2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State
07-17-2002 90125 033 ****61.25

DOCUMENT # N25401

1. Entity Name

AL-ANON INFORMATION SERVICE OF BROWARD CO., INC. ✓

Principal Place of Business	Mailing Address
1915 NE 45TH STREET SUITE 205 FT LAUDERDALE FL 33308 US	1915 NE 45 ST SUITE 205 FT LAUDERDALE FL 33308 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PRO AM BUILDING	1915 NE 45 ST
Suite, Apt. #, etc.: 205	Suite, Apt. #, etc.: 205
City & State: FT LAUDERDALE	City & State: FL
Zip: 33308 Country: U.S.A.	Zip: 33308 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STALKER, MURIEL
3000 RIO MAR ST.,
APT 209
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name: JENNIFER DAVIS
Street Address (P.O. Box Number is Not Acceptable): 4773 N HEMINGWAY CIRCLE
MARGATE
City: FL Zip Code: 33063

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: Jennifer Davis 7/10/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC COSTA, MIKE 2700 NW 99TH AVE APT 612A POMPANO BEACH FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC COSTA, MIKE 102 NEWPORT F DEERFIELD BEACH FL 33442	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MCCOMMON, MICHELLE 10520 BUTTONWOOD AVE HOLLYWOOD FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STALKER, MURIEL 3000 RIO MAR ST., APT 209 FORT LAUDERDALE FL 33304	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENNIFER DAVIS 4773 N HEMINGWAY CIRCLE MARGATE FL 33063	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDONALD, DEBBIE 12155 NW 31ST ST. POMPANO BEACH FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TEABOUT, JUDY 1260 SW 3RD CT #5 DEERFIELD BEACH FL 33441	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERG, JOEL 1640 W OAKLAND PK BLVD #304 POMPANO BEACH FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/02)

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: SIGNATURE REQUIRED 7/10/02 954-725-9144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR