

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29607

1. Entity Name

HEALTHY MOTHERS/HEALTHY BABIES COALITION OF BROW

Principal Place of Business

Mailing Address

FIRST UNION NATIONAL BANK
1710 S. ANDREWS AVE.
FT. LAUDERDALE FL 33316
US

P.O. BOX 030367
FT. LAUDERDALE FL 33303
US

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

NOT APPLICABLE

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

MODRECK, GEORGIA
12811 S.W. 9TH PLACE
DAVE FL 33325

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 STREET ADDRESS CITY-ST-ZIP	PD GILMOUR, KIMBERLY 110 SE 6TH ST FT LAUDERDALE FL 33301	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAMPLUGH, KIM 700 SE 3 AVE STE 300 FT. LAUDERDALE FL 33316	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETERSON, CYNTHIA 5701 NW 21 AVE., STE. 440 FT. LAUDERDALE FL 33309	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MODRECK, GEORGIA 1710 S ANDREWS AVE FT LAUDERDALE FL 33316	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cynthia Peterson 5701 NW 21 Ave. Ste 440 Ft. Lauderdale, FL 33309	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Brian Udell 2100 N. Ocean Blvd. Apt. 18D Ft. Lauderdale, FL 33305	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Reeve Duboff 733 Breakers Ave. Ft. Lauderdale, FL 33304	☐ 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: Georgia Modreck (Georgia Modreck) 1/16/01 (954) 765-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90081 034 *****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)