## **,2000 UNIFORM BUSINESS REPORT (UBR)**

#### **FILED DOCUMENT # N32190** Apr 18, 2000 8:00 am Secretary of State 1. Entity Name FOSTER CARE REVIEW, INC. 04-18-2000 90172 038 \*\*\*\*70.00 Principal Place of Business Mailing Address 3050 BISCAYNE BLVD **SUITE #900** 3050 BISCAYNE BLVD SUITE#900 MIAM! FL 33137-4143 MIAMI FL 33137 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0118944 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ATKINS, LAURA L 3050 BISCYANE BLVD, STE 900 **MIAMI FL 33137** Zip Code City FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE X Change ☐ Addition TITLE ☐ Delete S/D NAME NAME SHEERAN, ANNE F. STREET ADDRESS STREET ADDRESS 19150 S ST ANDREWS DRIVE CITY-ST-ZIP CITY-ST-7IP <u>Miami Fl</u> ☐ Change ☐ Addition TITLE ☐ Delete TITLE D NAME NAME MARRACCINI, LINDA A STREET ADDRESS STREET ADDRESS 6280 SUNSET DR. STE 407 CITY-ST-ZIP CITY-ST-ZIP MIAMI\_FL D XI Change Addition ☐ Delete TITLE TITLE PD NAME NAME HALSEY, DOUGLAS STREET ADDRESS STREET ADDRESS 200 S BISCAYNE BLVD 4980 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL X Addition TITLE ☐ Change TITLE TD Delete P/DNAME NAME LOWE, ROGER MANDEL, DAVID S STREET ADDRESS STREET ADDRESS 169 E FLAGLER STREET STE 1200 3737 NW 87TH AVE CITY-ST-7IP CITY-ST-ZIP MIAMI FL <u>MIAMI FL. 33131</u> ☐ Addition TITLE ☐ Delete TITLE ☐ Change ROSTOV, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 12051 SW 69TH PLACE \*\* CITY-ST-ZIP CITY-ST-ZIP <u>Miami FL 33156</u> TITLE ☐ Delete TITLE X Change ☐ Addition TD NAME SPENCE, MICAEL A NAME SPENCE, MICHAEL A STREET ADDRESS STREET ADDRESS 2601 S. BAYSHORE DRIVE, STE 1450 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133

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 of 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 of the argument of the receiver of trustee empowered.

305-374-7771

SIGNATURE:

SINATURE REQUIRDAVIDE S. Mandel SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

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# FOSTER CARE REVIEW, INC. #N32190 Nonprofit Corporation Annual Report - 2000

### **Attachment to Block 13: Additions**

7.1 TITLE
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7.2 NAME ARCOS, CRESENCIO

7.3 STREET ADDRESS 2333 PONCE DE LEON BLVD 7.4 CITY-ST-ZIP CORAL GABLES FL 33134

D

8.1 TITLE

8.2 NAME CANDIA, RICHARD F

8.3 STREET ADDRESS 11200 SW 8TH STREET

8.4 CITY-ST-ZIP MIAMI FL 33199

9.1 TITLE D

9.2 NAME DALY, JOHN

9.3 STREET ADDRESS 550 BRICKELL AVE, STE 503

9.4 CITY-ST-ZIP MIAMI FL 33131

10.1 TITLE

10.2 NAME DUCKENFIELD, DAVID A

10.3 STREET ADDRESS 5201 BLUE LAGOON DRIVE STE 620

10.4 CITY-ST-ZIP MIAMI FL 33126

11.1 TITLE

11.2 NAME HEMINGWAY-ADAMS, RUBY

11.3 STREET ADDRESS 111 NW FIRST STREET, 9<sup>TH</sup> FLOOR

11.4 CITY-ST-ZIP MIAMI FL 33128

12.1 TITLE D

12.2 NAME HURST, JR, CLAUDE H

12.3 STREET ADDRESS 13111 SW 19<sup>TH</sup> DRIVE---

12.4 CITY-ST-ZIP MIAMI FL 33027

13.1 TITLE

13.2 NAME KREEGER, JUDITH L

13.3 STREET ADDRESS 175 NW FIRST AVENUE, ROOM 2114

13.4 CITY-ST-ZIP MIAMI FL 33128

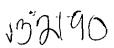
14.1 TITLE D

14.2 NAME LAWRENCE, LONNIE R

14.3 STREET ADDRESS 831 NW 207 STREET

14.4 CITY-ST-ZIP MIAMI FL 33169

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## Attachment to Block 13: Additions (Page 2)

45 4 TITLE	$\Box$
15.1 TITLE	υ

15.2 NAME MARGOLIS, JANET

15.3 STREET ADDRESS 20 TAHITI BEACH ISLAND ROAD

15.4 CITY-ST-ZIP MIAMI FL 33143

16.1 TITLE D

16.2 NAME NORTON, JOHN

16.3 STREET ADDRESS 6801 MIAMI GARDENS DRIVE

16.4 CITY-ST-ZIP MIAMI FL 33015

17.1 TITLE D

17.2 NAME SAMWAY, MICHAEL A

17.3 STREET ADDRESS 95 MERRICK WAY STE 200

17.4 CITY-ST-ZIP CORAL GABLES FL 33134

18.1 TITLE D

18.2 NAME ZAWISZA, CHRISTINA A 18.3 STREET ADDRESS 3305 COLLEGE AVENUE

18.4 CITY-ST-ZIP FT LAUDERDALE FL 33314-7721