2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32190 1. Entity Name

FOSTER CARE REVIEW, INC.								
Principal Place of Business		Mailing Address						
3050 BISCAYNE BLVD MIAMI FL 33137 US	SUITE#900	3050 BISCAYNE BLVD MIAMI FL 33137 US	uite #900					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country					

FILED Feb 21, 2001 8:00 am Secretary of State

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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THE	S SPACE			
City & State		City & State		4. FEI 1	4umber 65-0118944		pplied For ot Applicable	7	
Zip	Country	Zip	Country	5. Certi	ficate of Status Desired	\$8.75 Add	ditional	1	
	6Name and Address of Current F	Registered Agent		- 7- Nam	e and Address of New Registere	d Agent		1	
			Name					1	
ATKINS, LAURA L 3050 BISCYANE BLVD, STE 900			Street /	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL	33137		City		F	L Zip Cod	le	1	
8. The above	named entity submits this statement for	the number of changing its re	enistered office o	or registered agent	or both, in the state of Florida	Tl.		1	
	The state of the s	the purpose of changing he re	giotoroa omob t	or regionarea agoni,	or both, in the oldto of Florida.				
SIGNATURE .					···			ł	
	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE: F	egistered Agent signa	ture required when reinstat	ing) DATE	<u>. </u>		ł	
								1	
	FILE NOW:	9. Election Campaign F		\$5.00 May Be Make Check Pa)	1	
	FEE IS \$61.25	Trust Fund Contribut	ion. \square	Added to Fees	Departme	nt of State		Ĭ	
10.	OFFICERS AND DIRI	ECTORS	11.	ADDITION	S/CHANGES TO OFFICERS AND I	DIRECTORS IN	J 10	4	
TITLE	SD	□ Delete	TITLE	I	B/CHANGES TO OFFICERS AND	X Change	Addition	13	
NAME .	SHEERAN, ANNE F.	□ Delete	NAME			(A) thange	Addition	100	
STREET ADDRESS	19150 S ST ANDREWS DRIVE		STREET ADDRESS					1	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	MIAMI F	L 33015			č	
TITLE	D	X Delete	TITLE	D		☐ Change	X Addition	١٥	
NAME	MARRACCINI, LINDA A	AR	NAME	ZAWISZA	, CHRISTINA A			(
STREET ADDRESS	6280 SUNSET DR, STE 407		STREET ADDRESS	3305 CO	LLEGE AVE			1	
City-st-zip	-MIAMI-FL	and the requirement of the second of the sec	CITY-ST-ZIP	FT LAUDI	ERDALE FL 33314	-7721~		1	
TITLE	D	☐ Delete	TITLE			X Change	☐ Addition		
NAME	HALSEY, DOUGLAS		NAME					}	
STREET ADDRESS	200 S BISCAYNE BLVD 4980		STREET ADDRESS		ISCAYNE BLVD				
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	MIAMI FI	33131-2352			1	
TITLE	PD	☐ Delete	TITLE		•	Change	☐ Addition	Ì	
NAME Street address	Mandel, David 169 E. Flagler St. Ste. 1200		NAME						
CITY-ST-ZIP	MIAMI FL 33131		STREET ADDRESS CITY-ST-ZIP					ĺ	
	D			-				}	
TITLE NAME	ROSTOV, BARBARA	☐ Delete	TITLE NAME			🔀 Change	☐ Addition		
STREET ADDRESS	12051 SW 69TH PLACE		STREET ADDRESS	13647 0	EERING BAY DRIV	F		}	
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP		ABLES FL 33158	=			
TITLE	TD	☐ Delete	TITLE	JORAH GI	77HHO IH 33130	▼ Change	Addition	1	
NAME	SPENCE, MICAEL A		NAME	CDENCE	MTCUARI A	A Sumage			
STREET ADDRESS	2601 S. BAYSHORE DRIVE, STE	1450	STREET ADDRESS	SPENCE,	MICHAEL A			1	
CITY-ST-ZIP	MIAMI FL 33133	_	CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 the employered 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 attachrow mith an accuracy with a supplied with the information supplied with

SIGNATURE:

Attachment #N32190 719735

FOSTER CARE REVIEW, INC. #N32190 Nonprofit Corporation Annual Report - 2001

Attachment to Block 11: Additions

7.1 TITLE D
7.2 NAME ARCOS, CRESENCIO
7.3 STREET ADDRESS 2333 PONCE DE LEON BLVD

7.4 CITY-ST-ZIP CORAL GABLES FL 33134

8.1 TITLE D

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 CANTERO, JR., FRANCISCO J 9.3 STREET ADDRESS 700 NW 107 AVE

9.4 CITY-ST-ZIP MIAMI FL 33172

10.1 TITLE D

10.2 NAME DALY, JOHN

10.3 STREET ADDRESS 550 BRICKELL AVE, STE 503

9.10 CITY-ST-ZIP MIAMI FL 33131

11.1 TITLE D

11.2 NAME DUCKENFIELD, DAVID A
11.3 STREET ADDRESS 95 MERRICK WAY, STE 200
11.4 CITY-ST-ZIP CORAL GABLES FL 33134

12.1 TITLE

12.2 NAME

HEINL, LINDA J

12.3 STREET ADDRESS 5801 MOSS RANCH ROAD

12.4 CITY-ST-ZIP MIAMI FL 33156

13.1 TITLE

13.2 NAME
HURST, JR, CLAUDE H
13.3 STREET ADDRESS
13111 SW 19TH DRIVE
13.4 CITY-ST-ZIP
MIAMI FL 33027