

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90059 042 \*\*\*\*70.50

**DOCUMENT # N38791**

1. Entity Name

**THE CORAL SPRINGS ADVOCACY COMMITTEE FOR THE HAN**

Principal Place of Business

Mailing Address

4691 N UNIVERSITY DRIVE  
 376  
 CORAL SPRINGS FL 33067  
 US

4691 N UNIVERSITY DRIVE  
 376  
 CORAL SPRINGS FL 33067-4620  
 US

2. Principal Place of Business

3. Mailing Address

*4630 N. University Drive*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Coral Springs, FL*

City & State

4. FEI Number

**65-0224680**

Applied For

Not Applicable

*33067*

*Broward*

Zip

Country

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

**BARON, KEITH D**  
**8333 W. MCNAB ROAD**  
**TAMARAC FL 33321**

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  Delete  
 NAME **CD**  
 COHEN, ROBERT  
 STREET ADDRESS **1891 N.W. 114TH AVE.**  
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DV**  
 SHAW, JULIE  
 STREET ADDRESS **6200 N ANDREWS AVE**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DST**  
 MARINO, VINCENT  
 STREET ADDRESS **7268 W. ATLANTIC BLVD.**  
 CITY-ST-ZIP **MARGATE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 KENNEDY, PAT  
 STREET ADDRESS **9205 NW 80 STREET**  
 CITY-ST-ZIP **TAMARAC FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
 KNEBEL, ALAN  
 STREET ADDRESS **1025 NE 68 TERRACE**  
 CITY-ST-ZIP **MARGATE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Robert Cohen*  
**SIGNATURE REQUIRED**

*3-22-00 954-7526881*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)