

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90361 042 \*\*\*\*70.00

**DOCUMENT # N42197**

1. Entity Name

**REACH THE CHILDREN FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**3111 S W 10 STREET  
 POMPANO BEACH FL 33069  
 US**

**3111 S W 10 STREET  
 POMPANO BEACH FL 33069  
 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

**65-0246247**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI  
 201 S. BISCAYNE BLVD  
 MIAMI FL 33131**

Name  
**ARNOLD A. BROUSSARD**

Street Address (P.O. Box Number is Not Acceptable)

**3111 SOUTHWEST 10TH STREET**

City  
**POMPANO BEACH**

FL

Zip Code  
**33069**

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

*Arnold A. Broussard*

**ARNOLD A. BROUSSARD**

**1/15/2002**

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  
☐ Delete

**P  
 HOSKINS, BOBBY D.  
 1100 S STATE ROAD 7 STE 100  
 MARGATE FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition

**3111 SOUTHWEST 10TH STREET  
 POMPANO BEACH, FL 33069**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

**VP  
 BERKEY, DALE  
 1100 S STATE ROAD 7 STE 100  
 MARGATE FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition

**3111 SOUTHWEST 10TH STREET  
 POMPANO BEACH, FL 33069**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

**ST  
 HOSKINS, ROBERT D  
 6201 NE 14TH TERRACE #2  
 FT LAUDERDALE FL 33334**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition

**2800 NORTHEAST 59TH COURT  
 FORT LAUDERDALE, FL 33308**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

**D  
 RIPPY, MIKE  
 3975 VAUGHN ROAD  
 MONTGOMERY AL 36106**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

**D  
 ZENDER, MIKE  
 2311 PARK AVENUE  
 CINCINNATI OH 45206**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

**ASD  
 MEDLEY, MICHAEL L  
 1100 SOUTH STATE ROAD 7 #100  
 POMPANO BEACH FL 33068**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition

**3111 SOUTHWEST 10TH STREET  
 POMPANO BEACH, FL 33069**

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:

*Arnold A. Broussard*

**ARNOLD A. BROUSSARD**

Date

**1/15/2002**

Daytime Phone #

**954-7777**

CR2E037 (9/01)