

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51436

1. Entity Name

AMERICAN FOUNDATION FOR SUICIDE PREVENTION, INC.

Principal Place of Business

12360 WILES ROAD
CORAL SPRINGS FL 33076
US

Mailing Address

12360 WILES ROAD
CORAL SPRINGS FL 33076-2211
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

65-0370064

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

FINE, NORMAN D
2000 GLADES RD
STE 204
BOCA RATON FL 33431

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 D ☐ Delete
NAME FINE, JOAN J
STREET ADDRESS 7897 PALACIO DEL MAR DR
CITY-ST-ZIP BOCA RATON FL 33433

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

TITLE CD ☐ Delete
NAME FINE, NORMAN D
STREET ADDRESS 2000 GLADES RD, STE 204
CITY-ST-ZIP BOCA RATON FL 33431-8504

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

TITLE TD ☐ Delete
NAME GREENSPAN, JOSEPH
STREET ADDRESS 155 OCEAN BLVD.
CITY-ST-ZIP GOLDEN BEACH FL

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

TITLE D ☐ Delete
NAME ROSEN, HARRY M
STREET ADDRESS 2500 WESTON RD, STE 220
CITY-ST-ZIP WESTON FL 33331

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

TITLE PD ☐ Delete
NAME BACHER, NANCY W DR
STREET ADDRESS 2875 N. E. 191ST/ PH #2
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

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

TITLE SD ☐ Delete
NAME AMODIO, MERRYL
STREET ADDRESS 6255 N. W. 97TH AVE.
CITY-ST-ZIP PARKLAND FL 33076

TITLE D ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90102 010 ****61.25



DO NOT WRITE IN THIS SPACE

4/26/00 (954) 227 9740