

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90042 029 ****61.25

DOCUMENT # N9300005099

1. Entity Name

The Families' Charity of Broward, Inc ✓

Principal Place of Business

6037 Kimberly Blvd.
 N. Lauderdale, FL 33069

Mailing Address

6037 Kimberly Blvd.
 N. Lauderdale, FL 33069

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

650445683

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

00063650

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name MICHAEL H. WOLF, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1876 N. University Drive, Suite 300

City Plantation

FL

Zip Code 33322

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

[Signature] 5-31-00

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

TITLE ☒ Delete
 NAME Mark C. Thurman
 STREET ADDRESS 1951 Lyons Road, Apt. 201
 CITY-ST-ZIP Coconut Creek, FL 33063

TITLE ☒ Delete
 NAME William B. Fine
 STREET ADDRESS 1951 Lyons Road, Apt. 201
 CITY-ST-ZIP Coconut Creek, FL 33063

TITLE ☒ Delete
 NAME Ralph M. Edwards
 STREET ADDRESS 4471 Treehouse Lane, Apt. 90
 CITY-ST-ZIP Tamarac, FL 33063

TITLE ☒ Delete
 NAME Judith A. Campbell
 STREET ADDRESS 4471 Treehouse Lane, Apt. 90
 CITY-ST-ZIP Tamarac, FL 33319

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☒ Addition
 NAME P/D Ethel Schneider
 STREET ADDRESS 1941 Oakmont Terrace
 CITY-ST-ZIP Coral Springs, FL 33071

TITLE ☒ Change ☒ Addition
 NAME V/D and T/D Cathy Petakos
 STREET ADDRESS 10120 NW 6th Street
 CITY-ST-ZIP Pembroke Pines, FL 33026

TITLE ☒ Change ☒ Addition
 NAME David Schneider
 STREET ADDRESS 1941 Oakmont Terrace
 CITY-ST-ZIP Coral Springs, FL 33071

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

TITLE ☐ Change ☐ Addition
 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: Ethel Schneider
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00

Date

Daytime Phone #

CR2E037 (9/99)