

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90084 009 \*\*\*\*61.25

DOCUMENT # **N94000004611**



1. Entity Name  
**HUMAN RESOURCE ASSOCIATION OF BROWARD COUNTY, IN C.**

Principal Place of Business Mailing Address  
**PO BOX 9623 FT LAUDERDALE FL 33310** **PO BOX 9623 FT LAUDERDALE FL 33310**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0319346**

Applied For  
Not Applicable

Zip Country 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

**GALLO, JIM**  
**SERVICE AMERICA**  
**515 NW 12TH AVENUE**  
**DEERFIELD BEACH FL 33442**

Name **LAUBY, SHARLYN**  
Street Address (P.O. Box Number is Not Acceptable)  
**ITM GROUP**  
**1530 SEABAY ROAD**  
City **WESTON** FL Zip Code **33326**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kathleen Rupa* *Sharilyn Lauby* **PRESIDENT** **1-23-02**  
*Treasurer* **1-23-02**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **DURANT, MARILYN**  
STREET ADDRESS **100 NE 3RD, SUITE 600**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301-1155**

TITLE **FD**  Change  Addition  
NAME **BONNIE SHOR**  
STREET ADDRESS **120 NW 12TH AVE**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **DV**  Delete  
NAME **GALLO, JIM**  
STREET ADDRESS **515 NW 12TH AVE**  
CITY-ST-ZIP **DEERFIELD BEACH FL-33442**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD**  Delete  
NAME **REIDLER, GLENNON**  
STREET ADDRESS **1300 SAWBRASS CORP PKWY #300**  
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **SD**  Change  Addition  
NAME **ANA BAKER**  
STREET ADDRESS **19 000 NE 25TH AVE**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180**

TITLE **DT**  Delete  
NAME **RUPAR, KATHLEEN**  
STREET ADDRESS **439 NE 7TH AVE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **FD**  Delete  
NAME **LAUBY, SHARLYN**  
STREET ADDRESS **2101 W COMMERCIAL BLVD #2000**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

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: *Kathleen Rupa* *Sharilyn Lauby* **Treasurer** **1-23-03**  
**954 763-5700**

CR2E037 (10/02)