

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

0037784

DOCUMENT # **N96000004457**

1. Entity Name

**COMMUNITY CONCEPTS FOUNDATION, INC.**



04-30-2003 90136 036 \*\*\*\*61.25

Principal Place of Business

**9724 W. SAMPLE RD  
CORAL SPRINGS FL 33065**

Mailing Address

**10691 SANTA LAGUNA DRIVE  
BOCA RATON FL 33428**

2. Principal Place of Business

**5300 NW 12TH AVE**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 1**

Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE FL**

City & State

Zip

**33309**

Country

**U.S.**

Zip

Country

4. FEI Number **31-1476557**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**COHEN, SANDRA B  
10691 SANTA LABUNA DR  
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

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

SIGNATURE

*Sandra B. Cohen*

**SANDRA B. COHEN**

**4/27/03**

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COHEN, STEVEN F	
STREET ADDRESS	10691 SANTA LAGUNA DR	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTHONY, C.A.	
STREET ADDRESS	104 E. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STURM, L. ROLAND	
STREET ADDRESS	10715 CHARTER DRIVE, SUITE 200	
CITY-ST-ZIP	COLUMBIA MD 21044	
TITLE	D	<input type="checkbox"/> Delete
NAME	EISENBERG, JAY	
STREET ADDRESS	9728 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Sandra B. Cohen* PRESIDENT

4/27/03

561-809-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)