2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State
02-02-2000 90017 006 ****61.25

DOCUMENT # N97000005971

1. Entity Name

A.F. BEST SECURITIES FOUNDATION, INC.

Principal Place of Business	Mailing Address
3111 UNIVERSITY DRIVE SUITE 625 CORAL SPRINGS FL 33065 US	3111 UNIVERSITY DRIVE SUITE 625 CORAL SPRINGS FL 33334-3621 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Radice Corporate Center	Radice Corporate Center
Suite, Apt. #, etc.: 800 Corporate Drive	Suite, Apt. #, etc.: 800 Corporate Drive
City & State: Ft. Lauderdale FL	City & State: Ft. Lauderdale, FL
Zip: 33334 Country: USA	Zip: 33334 Country: USA

4. FEI Number: 65-0788762 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ATLAS, JAN D
ATLAS, PEARLMAN, TROP & BORKSON
200 EAST LAS OLAS BLVD., STE. 1900
FT. LAUDERDALE FL 33301

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.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD APPELBAUM, ALAN Z 8195 NW 47TH DRIVE CORAL SPRINGS FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ATLAS, JAN D 8830 S LAKE DASHA DR PLANTATION FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLANCY, SEAN M 211 BAL CROSS DR BAL HARBOUR FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS ROSA, DENNIS J 9740 NW 48TH DR. CORAL SPRINGS FL 33076	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Edward Hirshberg 6101 SW 8th Street Plantation, FL 33317 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLE, EDWARD 3100 S OCEAN BLVD PALM BEACH FL 33480	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Gina Gross 5800 Hamilton Way Boca Raton, FL 33496 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #