

2091 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757997

1. Entity Name

THE STRANAHAN HOUSE, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90167 039 ****61.25

Principal Place of Business

335 SE 6 AVENUE
FT. LAUDERDALE FL 33301
US

Mailing Address

STRANAHAN HOUSE INC
P.O. BOX 030207
FT. LAUDERDALE 33303
US

2. Principal Place of Business

3. Mailing Address

335 SE 6 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Fort Lauderdale, FL

City & State

City & State

33301 Broward

Zip

Country

Zip

Country

4. FEI Number

59-2164225

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

MADSEN, CHRISTINE
5237 NW 33 AVE
FORT LAUDERDALE FL 33309

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:
FEES 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 ☐ Delete
NAME D GALLO, WILLIAM J
STREET ADDRESS 1311 NEWPORT CENTER DRIVE WEST
CITY-ST-ZIP DEERFIELD BEACH FL

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

TITLE ☒ Delete
NAME PD LEGETTE, JANE
STREET ADDRESS 2728 NE 19TH ST
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ Change ☒ Addition
NAME Director Sandra Richards
STREET ADDRESS Strategic Communications Group, Inc.
CITY-ST-ZIP 3830 NW 23 Place
Coconut Creek, FL 33066

TITLE ☐ Delete
NAME P MADSEN, CHRISTINA E
STREET ADDRESS 5237 NORTHWEST 33 AVE
CITY-ST-ZIP FT. LAUDERDALE FL 33309

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

TITLE ☐ Delete
NAME D HALLBERG, STACEY
STREET ADDRESS 200 E BROWARD BLVD
CITY-ST-ZIP FT LAUDERDALE FL

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

TITLE ☐ Delete
NAME T SIRIA, TATUM
STREET ADDRESS 809 S RIO VISTA BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL

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

TITLE ☒ Delete
NAME P MILLSAPS, JOE
STREET ADDRESS 871 EAST COMMERCIAL BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ Change ☒ Addition
NAME Director Robert W. Benson
STREET ADDRESS 350 East Las Olas Blvd., Suite 1420
CITY-ST-ZIP Fort Lauderdale, FL 33301

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

1/11/01 (954) 524-4736

Date

Daytime Phone #

CR2E037 (10/00)