

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90132 040 ****61.25

0045286

DOCUMENT # N94000000441

1. Entity Name

LITERACY COALITION OF BROWARD COUNTY, INC.

Principal Place of Business

1350 E SUNRISE BLVD #118
 FORT LAUDERDALE FL 33304

Mailing Address

1350 E SUNRISE BLVD #118
 FORT LAUDERDALE FL 33304

AUG 20 2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0461453

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

GROSS, BONNIE
SUN-SENTINEL
200 EAST LAS OLAS BLVD.
FORT LAUDERDALE FL 33301

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 | C PLATT, ELLEN 1 E BROWARD BLVD, STE 1810 FORT LAUDERDALE FL 33301 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GENNARO, PAUL AMERICAN EXPRESSWAY FORT LAUDERDALE FL 33337 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS GROSS, BONNIE 200 EAST LAS OLAS BOULEVARD FORT LAUDERDALE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HANSEN, JANET 1409 SISTRUNK BLVD. FORT LAUDERDALE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MCGINNIS, MARY L 600 SE 3RD AVE, 11TH FLOOR FORT LAUDERDALE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RANDAL, NINA 600 SE 3RD AVE FORT LAUDERDALE FL 33301 | <input checked="" type="checkbox"/> Delete |

| | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D - Dorothy Klein 2019 NW 150th Av. Pembroke Pines, FL 33028 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D - Nick Milano 1 E. Broward Blvd St 1300 Fort Lauderdale, FL 33301 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D - Jerry Majzlin 350 SE 2nd St. Fort Lauderdale FL 33301 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D - Skip Johnston 1300 S. Andrews Ave Fort Lauderdale FL 33316 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D John Miracola KC Wright Bldg., 600 SE 3rd Ave. Fort Lauderdale FL 33301 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Marjie Epstein - Aloni 8358 W. Oakland Park Blvd. Fort Lauderdale FL 33351 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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:

Bonnie Gross **Bonnie Gross**

4-17-01 954-454-2283

Date

Daytime Phone #

CR2E037 (10/00)