

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34581

**FILED  
Mar 20, 2017  
Secretary of State  
CC2618855642**

**Entity Name:** BUSINESS FOR THE ARTS OF BROWARD, INC.

**Current Principal Place of Business:**

401 EAST LAS OLAS BLVD STE 800  
FT. LAUDERDALE, FL 33301

**Current Mailing Address:**

401 EAST LAS OLAS BLVD SUITE 800  
FT. LAUDERDALE, FL 33301 US

**FEI Number: 65-0151424**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KOPELOWITZ, BRIAN  
ONE WEST LAS OLAS BLVD  
SUITE 500  
FORT LAUDERDALE, FL 33301 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title IMMEDIATE PAST CHAIR  
Name MURPHY-ROULHAC, JULIET  
Address 7201 CYPRESS ROAD  
City-State-Zip: PLANTATION FL 33317

Title S  
Name SANDLER , ERIS  
Address 900 SOUTHEAST 3RD AVE.,SUITE 200  
City-State-Zip: FT. LAUDERDALE FL 33316

Title T  
Name EPSTEIN, JOEY  
Address 100 N.E. 3RD AVE STE 300  
City-State-Zip: FORT LAUDERDALE FL 33301

Title CHAIR EMERITUS  
Name LEVAN, JARETT  
Address 401 EAST LAS OLAS BLVD SUITE 800  
City-State-Zip: FT. LAUDERDALE FL 33301

Title CHAIRMAN  
Name BULFIN, GAIL  
Address GIBRALTAR PRIVATE BAN & TRUST  
450 E. LAS OLAS BLVD SUITE 1220  
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR  
Name VEGAS, ROBYN  
Address 401 EAST LAS OLAS BLVD SUITE 800  
City-State-Zip: FT. LAUDERDALE FL 33301

Title VICE CHAIR  
Name KOPELOWITZ, BRIAN ESQ.  
Address ONE WEST LAS OLAS BLVD  
SUITE 500  
City-State-Zip: FORT LAUDERDALE FL 33301

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBYN VEGAS**

**DIRECTOR**

**03/20/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date