

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34581

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
200 SW 1ST AVE, STE 1200
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 CHAIR
Name MURPHY-ROULHAC, JULIET
Address 7201 CYPRESS ROAD
City-State-Zip: PLANTATION FL 33317

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

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

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

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

Title DIRECTOR
Name VEGAS, ROBYN
Address 401 EAST LAS OLAS BLVD SUITE 800
City-State-Zip: FT. 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**PROGRAM
COORDINATOR****07/21/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date