

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 116835

1. Entity Name

MATHER OF FORT LAUDERDALE, INC.

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90054 031 \*\*\*150.00

Principal Place of Business

2611 N ST RD 7  
FORT LAUDERDALE FL 33313  
US

Mailing Address

1333 AVE DE PS TOROS  
WINTER SPRINGS FL 32708  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0359395

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

BROWER, NORMAN  
2000 NW 13TH STREET  
CRYSTAL RIVER FL 34428

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME JONES, MARCIA E  
STREET ADDRESS 205 WILDFLOWER CT.  
CITY-ST-ZIP HUNTSVILLE AL ☐ Delete

TITLE V D  
NAME JONES, MARCIA E.  
STREET ADDRESS 205 WILDFLOWER CT  
CITY-ST-ZIP HUNTSVILLE AL 35811 ☒ Change ☒ Addition

TITLE ST  
NAME BROWER, CYNTHIA A.  
STREET ADDRESS 1333 AVE DE LOS TOROS  
CITY-ST-ZIP WINTER SPRINGS FL ☐ Delete

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

TITLE V  
NAME ERICKSON, SHANE  
STREET ADDRESS 11901 N.W. 18TH CT.  
CITY-ST-ZIP PLANTATION FL ☐ Delete

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

TITLE PDST  
NAME BROWER, NORMAN  
STREET ADDRESS 2000 NW 13TH STREET  
CITY-ST-ZIP CRYSTAL RIVER FL ☐ Delete

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

TITLE V  
NAME BROWER, NORMAN A  
STREET ADDRESS 2105 FOSGATE AVE  
CITY-ST-ZIP WINTER PARK FL ☐ Delete

TITLE V D  
NAME BROWER, NORMAN A  
STREET ADDRESS 2105 FOSGATE AVE  
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Change ☐ Addition

TITLE VD  
NAME BROWER, CARL  
STREET ADDRESS 1333 AVE DE LOS TOROS  
CITY-ST-ZIP WINTER SPRINGS FL ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Norman Brower* NORMAN BROWER 2/10/00 352-563-5063  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)