

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90044 027 ***150.00

DOCUMENT # 116835

1. Entity Name
MATHER OF FORT LAUDERDALE, INC.



Principal Place of Business
**2611 N ST RD 7
LAUDERHILL FL 33313
US**

Mailing Address
**2000 NW 13TH ST
CRYSTAL RIVER FL 34428
US**

30001972



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD**
NAME **JONES, MARCIA E**
STREET ADDRESS **205 WILDFLOWER CT.**
CITY-ST-ZIP **HUNTSVILLE AL 35811** ☐ Delete

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

TITLE **VD**
NAME **BROWER, NORMAN A**
STREET ADDRESS **2105 FOSGATE AVE**
CITY-ST-ZIP **WINTER PARK FL 32789** ☐ 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 34428** ☐ Delete

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

TITLE **VD**
NAME **BROWER, NORMAN A**
STREET ADDRESS **2105 FOSGATE AVE**
CITY-ST-ZIP **WINTER PARK FL** ☒ Delete

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

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

TITLE **VD**
NAME **BROWER, CARL**
STREET ADDRESS **744 SUNCREST LOOP #304**
CITY-ST-ZIP **CASSELBERRY, FL 32707** ☒ Change ☐ 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 607, 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:

Norman Brower **NORMAN BROWER 1-12-03 352 563 5063**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)