

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 401920

1. Entity Name
O.R. COLAN ASSOCIATES, INC.



FILED

03 MAR -3 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
439 NE 7TH AVENUE
FT. LAUDERDALE FL 33301

Mailing Address
439 NE 7TH AVENUE
FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1397236

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

COLAN MUTH, CATHERINE
4201 N OCEAN DR UNIT 206
HOLLYWOOD FL 33019

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 CPD
NAME COLAN MUTH, CATHERINE ☒ Delete
STREET ADDRESS 1500 CORDOVA RD STE 210
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE Vice President Secretary ☐ Change ☒ Addition
NAME Delores J. Singletary
STREET ADDRESS 5641 NE River Road
CITY-ST-ZIP Chicago, IL 60656

TITLE V ☐ Delete
NAME BASILA, RICHARD M
STREET ADDRESS 527 S.W. 27TH RD.
CITY-ST-ZIP MIAMI FL 3312-9

TITLE Vice President ☐ Change ☒ Addition
NAME Verna Ann Neeley
STREET ADDRESS 2521 Aspen Lane SW
CITY-ST-ZIP Rochester, MN 55902

TITLE D ☐ Delete
NAME MERRYMAN, ROBERT N
STREET ADDRESS 31 TOPPING LANE
CITY-ST-ZIP ST. LOUIS MO 63131

TITLE Vice President ☐ Change ☒ Addition
NAME Allen A. Armstrong
STREET ADDRESS 15838 Foothill Farm Loop #522
CITY-ST-ZIP Pflugerville, TX 78660

TITLE STD ☐ Delete
NAME AMMAR, KAREN
STREET ADDRESS 4201 N. OCEAN DR., APT. 206
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE Director / President / CEO ☒ Change ☐ Addition
NAME Ammar, Karen S.

TITLE Secretary / Treasurer ☐ Delete
NAME John L. Shelton
STREET ADDRESS 1201 NE 12th Avenue
CITY-ST-ZIP Fort Lauderdale, FL 33304

TITLE Vice President ☐ Change ☒ Addition
NAME Deborah S. Long
STREET ADDRESS 29243 Birds Eye Drive
CITY-ST-ZIP Wesley Chapel, FL 33543

TITLE Vice-President ☐ Delete
NAME Theodore M. Pluta
STREET ADDRESS 650 Bella Vista Court South
CITY-ST-ZIP Jupiter, FL 33477

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 employees.

SIGNATURE:

John L. Shelton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L. Shelton 2/27/03 (954) 763-5700
Date Daytime Phone #

CR2E034 (10/02)