

# 2002 UNIFORM BUSINESS REPORT (UBR)

0302990 AV

DOCUMENT # 602575

1. Entity Name  
RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.

FILED

02 JAN 25 AM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

200 E. BROWARD BLVD.  
PO BOX 1900  
FT LAUDERDALE FL 33301  
US

Mailing Address

200 E. BROWARD BLVD.  
PO BOX 1900  
FT LAUDERDALE FL 33301  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1307357

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

SCHUSTER, CARL, ESQ.  
200 E. BROWARD BLVD.  
FT. LAUDERDALE FL 33301

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, 2002 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 VTD  
NAME RUSSELL, TERRENCE J.  
STREET ADDRESS 200 E. BROWARD BLVD.  
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME 000004853030--7  
STREET ADDRESS -02/01/02--01039--023  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE VD  
NAME MCCLOSKEY, DONALD C.  
STREET ADDRESS 200 E. BROWARD BLVD.  
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

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

TITLE PD  
NAME SCHUSTER, CARL  
STREET ADDRESS 200 E. BROWARD BLVD.  
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

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

TITLE VASD  
NAME SMITH, GLENN N.  
STREET ADDRESS 200 E. BROWARD BLVD.  
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE VD  
NAME Smith, Glenn N.  
STREET ADDRESS 200 E. Broward Blvd.  
CITY-ST-ZIP Ft. Lauderdale, FL 33301 ☐ Change ☐ Addition

TITLE VATD  
NAME GOORLAND, BRUCE D.  
STREET ADDRESS 200 E. BROWARD BLVD.  
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE VASD  
NAME Goorland, Bruce D.  
STREET ADDRESS 200 E. Broward Blvd.  
CITY-ST-ZIP Ft. Lauderdale, Florida 33301 ☒ Change ☐ Addition

TITLE VSD  
NAME KRUL, MICHAEL  
STREET ADDRESS 200 E. BROWARD BLVD.  
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

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

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:

SIGNATURE REQUIRED

01/24/02

(954) 527-2428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Michael H. Krul, Secretary

Date Daytime Phone #

CR2E034 (9/01)