

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90062 034 \*\*\*\*70.00

**DOCUMENT # 705432**

1. Entity Name

**UNITED CEREBRAL PALSY OF BROWARD COUNTY, INC.**

*R*

Principal Place of Business

3117 SW 13TH COURT  
 FT LAUDERDALE FL 33312

Mailing Address

3117 SW 13TH COURT  
 FT LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0174817**

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

~~ANIELLO, JOSEPH A.  
 1411 NW 14TH AVE  
 MIAMI FL 33125~~

Name **Roy R. Rustig Esq.**

Street Address (P.O. Box Number is Not Acceptable)

**2600 Douglas Road**

**911 Douglas Center**

City **Coral Gables** **FL** Zip Code **33134**

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

*[Handwritten Signature]*

*8/30/00*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>PMD</b> <b>ANIELLO, JOSEPH A</b> 1411 NW 14 AVENUE MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>CD</b> <b>BONCHICK, NORMAN</b> 441 S.W. 12 AVE DEERFIELD BEACH FL 33442	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	<b>DT</b> <b>KAPLAN, IRA</b> 2 SW 129TH AVENUE PEMBROKE PINES FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Treasurer</b> <b>Craig Steinhart</b> 2501 N.E. 22nd Terrace H. Lauderdale, FL 33305
<input checked="" type="checkbox"/> Delete	<b>SD</b> <b>GRAY, WILLIAM D</b> 1660 W MCNAB RD FT. LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Secretary</b> <b>Regine Blanz</b> 4400 W Sample Road #230 COCONUT CREEK, FL 33073
<input type="checkbox"/> Delete	<b>VD</b> <b>STEINHART, CRAIG</b> 2 SW 129 AVE PAMBROKE PINES FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Vice Chairperson</b> <b>Ruth Spivak</b> 7290 Kingherst Drive #310 Delray Beach, FL 33446
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)