

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707192

1. Entity Name

AMERICAN LUNG ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business

2020 SOUTH ANDREWS AVE.
FT. LAUDERDALE FL 33316

Mailing Address

2020 SOUTH ANDREWS AVE.
FT. LAUDERDALE FL 33316

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0751907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JUST, DAVID R
2020 S ANDREWS AVE
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	STONE, JOYCE E	
STREET ADDRESS	2500 NE 48TH LANE #203	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DORR, RICHARD	
STREET ADDRESS	949 S. NORTH LAKE DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCOTT, STEVEN	
STREET ADDRESS	5230 N. FEDERAL HWY	
CITY-ST-ZIP	LIGHT HOUSE POINT FL 33064	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRAUSS, JAMES R	
STREET ADDRESS	1528 NE 4TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, JOYCE E	
STREET ADDRESS	2500 NE 48th LANE #203	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORR, RICHARD	
STREET ADDRESS	949 S. NORTH LAKE DRIVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, STEVEN	
STREET ADDRESS	5230 N. FEDERAL HWY	
CITY-ST-ZIP	LIGHT HOUSE POINT, FL 33064	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUYER, LISA MARIE	
STREET ADDRESS	805 E. HILLSBORO BLVD.	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDBERG, ADAMS S.	
STREET ADDRESS	7770 W. OAKLAND PARK BLVD-#470	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 BUYER, LISA MARIE

01/11/01

954-524-4657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0048945

CR2E037 (10/00)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90005 006 ****61.25

100043



DO NOT WRITE IN THIS SPACE