## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 707192**

1. Entity Name

## AMERICAN LUNG ASSOCIATION OF SOUTH FLORIDA, INC.



01-27-2003 90332 016 \*\*\*\*61.25

FILED Jan 27, 2003 8:00 am Secretary of State

				5					
Principal Place of Business 2020 SOUTH ANDREWS AVE. FT. LAUDERDALE FL 33316		Mailing Address 2020 SOUTH ANDREWS AVE. FT. LAUDERDALE FL 33316							
2. Principal P	lace of Business	3. Mailing Address							
					( 30 <b>0</b> 13) (00)6 <b>3</b> 0)	<b>ij jadal fiala lalia ijal ala</b> li	01011 41011 E1D11 E1	BH DIVIL 1901	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			39 0/ 3 190/			pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of Sta	itus Desired 🔲	\$8.75 Ad		
	6. Name and Address of Current I	Registered Agent	<del>  </del>		7. Name and Addr	ess of New Registere	<del></del>		
				Name RUGGERI, CAROL A.					
JUST, DAVID R			Street A	Street Address (P.O. Box Number is Not Acceptable)					
2020 S ANDREWS AVE FT LAUDERDALE FL 33316			2020 S.ANDREWS AVENUE						
FI LAUDENDALE PL 33310				FORT LAUDERDALE, FL					
;				FORT LAUDERDALE, FL FL Zip Code 33316					
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 applications (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW: FEE IS \$61.25  9. Election Campai Trust Fund Contr			-		<b>\$5.00</b> May Be Added to Fees	Make Che Florida Dep	eck Payable artment of		
10.	OFFICERS AND DIR	***************************************	11.		DDITIONS/CHANGE	S TO OFFICERS AND			
TITLE	VPD Stone, Joyce E	☐ Delete	TITLE NAME	PD STON	NE, JOYCE E	_	<b>X</b> Change	☐ Addition	
NAME STREET ADDRESS	2500 NE 48TH LANE #203		STREET ADDRESS		N.E.48th 1				
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP	Fort	Lauderdale	e, FL 33308			
TITLE	PD	☐ Delete	TITLE	PPD	,		X Change	☐ Addition	
NAME	DORR, RICHARD		NAME		, RICHARD	n Drivo			
STREET ADDRESS CITY-ST-ZIP	949 S. NORTH LAKE DRIVE HOLLYWOOD FL 33019	والمناسب والمستعلق المراجع	STREET ADDRESS	949	S.North Lake	B DIIVE	-		
TITLE	PPD	<b>▼</b> Delete	TITLÉ	TD			☐ Change	X Addition	
NAME	SCOTT, STEVEN		NAME	ROAC	H, DAVID L.		_ •		
STREET ADDRESS	5230 N. FEDERAL HWY		STREET ADDRESS		A S.W. 6th				
CITY-ST-ZIP	LIGHT HOUSE POINT FL 33064		CITY-ST-ZIP	Fort	Lauderdale	, FL 33315		F 4 1 11/	
TITLE NAME	SD   BUYER, LISA MARIE	☐ Delete	TITLE NAME				☐ Change	Addition \	
STREET ADDRESS	805 E HILLSBORO BLVD.		STREET ADDRESS						
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP	·					
TITLE	TD ADAM O	☐ Delete .	TITLE	VPD	DEDC ADAM	C C	Change	☐ Addition	
NAME	GOLDBERG, ADAM S 7770 W OAKLAND PARK BLVD. 1	¥ 470	NAME		BERG, ADAM				
STREET ADDRESS CITY-ST-ZIP	SUNRISE FL 33351	r 41V	STREET ADDRESS CITY-ST-ZIP		Bell Tower on, FL 333				
TITLE	<u> </u>	☐ Delete	TITLE		-		☐ 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 impowered 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

COEREQUIFRICHARD Dorr

1/24/03

9549201877

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