

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

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

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

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0751907**

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

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

Name  
**RUGGERI, CAROL A.**

Street Address (P.O. Box Number is Not Acceptable)  
**2020 S. ANDREWS AVENUE**

**FORT LAUDERDALE, FL**

City **FORT LAUDERDALE, FL** Zip Code **FL 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 *Carol A. Ruggeri* **Carol A. Ruggeri, Executive Director Jan. 23, 2003**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD**  Delete  
NAME **STONE, JOYCE E**  
STREET ADDRESS **2500 NE 48TH LANE #203**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **PD**  Change  Addition  
NAME **STONE, JOYCE E.**  
STREET ADDRESS **2500 N.E.48th Lane #203**  
CITY-ST-ZIP **Fort Lauderdale, FL 33308**

TITLE **PD**  Delete  
NAME **DORR, RICHARD**  
STREET ADDRESS **949 S. NORTH LAKE DRIVE**  
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **PPD**  Change  Addition  
NAME **DORR, RICHARD**  
STREET ADDRESS **949 S. North Lake Drive**  
CITY-ST-ZIP

TITLE **PPD**  Delete  
NAME **SCOTT, STEVEN**  
STREET ADDRESS **5230 N. FEDERAL HWY**  
CITY-ST-ZIP **LIGHT HOUSE POINT FL 33064**

TITLE **TD**  Change  Addition  
NAME **ROACH, DAVID L.**  
STREET ADDRESS **2421A S.W. 6th Avenue**  
CITY-ST-ZIP **Fort Lauderdale, FL 33315**

TITLE **SD**  Delete  
NAME **BUYER, LISA MARIE**  
STREET ADDRESS **805 E HILLSBORO BLVD.**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD**  Delete  
NAME **GOLDBERG, ADAM S**  
STREET ADDRESS **7770 W OAKLAND PARK BLVD. # 470**  
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **VPD**  Change  Addition  
NAME **GOLDBERG, ADAM S.**  
STREET ADDRESS **1792 Bell Tower Lane**  
CITY-ST-ZIP **Weston, FL 33326**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: *Richard Dorr* **SIGNATURE REQUIRED: Richard Dorr 1/24/03 9549201877**

CR2E037 (10/02)