

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710494

1. Entity Name

AMERICAN LUNG ASSOCIATION OF SOUTHEAST FLORIDA,

Principal Place of Business

2701 N AUSTRALIAN AVENUE
WEST PALM BCH FL 33407

Mailing Address

2701 N AUSTRALIAN AVENUE
WEST PALM BCH FL 33407-4526

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1143540

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUGARMAN, JAMES H
2701 NORTH AUSTRALIAN AVENUE
WEST PALM BEACH FL 33407

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	M	<input type="checkbox"/> Delete
NAME	SUGARMAN, JAMES H	
STREET ADDRESS	248 N COUNTRY CLUB DR	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	V	<input type="checkbox"/> Delete
NAME	MYERS ALEXANDER, SANDY	
STREET ADDRESS	3227 EMBASSY DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 32433	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FOLDEN, SUSAN L	
STREET ADDRESS	3227 EMBASSY DR	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOLDEN, SUSAN L	
STREET ADDRESS	800 NE 39TH STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRASSO, ALFREDO	
STREET ADDRESS	2856 DUNLIN ROADVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BERNERD KEUIT	
STREET ADDRESS	3125 EMBASSY DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emilio Diamantis	
STREET ADDRESS	594 Easy St	
CITY-ST-ZIP	West Palm Beach FL 33406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TP Ernest K Smith	
STREET ADDRESS	18541 SE Heritage Dr	
CITY-ST-ZIP	Tequesta FL 33469	

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 #

561-659-7644

CR2E037 (9/99)