

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90009 038 ****70.00

DOCUMENT # 710494

1. Entity Name

AMERICAN LUNG ASSOCIATION OF SOUTHEAST FLORIDA, INC.

Principal Place of Business

Mailing Address

**2701 N AUSTRALIAN AVENUE
WEST PALM BCH FL 33407**

**2701 N AUSTRALIAN AVENUE
WEST PALM BCH FL 33407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **M**
STREET ADDRESS **SUGARMAN, JAMES H**
CITY-ST-ZIP **248 N COUNTRY CLUB DR
ATLANTIS FL 33462**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MYERS ALEXANDER, SANDY**
CITY-ST-ZIP **3227 EMBASSY DRIVE
WEST PALM BEACH FL 32433**

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **Gayle A. Landen**
CITY-ST-ZIP **158 Lost Bridge Dr
Palm Beach Gardens FL 33410**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **DIAMENTIS, EMILIO**
CITY-ST-ZIP **594 EASY ST
WEST PALM BEACH FL 33406**

TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS **Alfred Grasso**
CITY-ST-ZIP **2856 Dunlin Rd
Delray Beach FL 33444**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FOLDEN, SUSAN L**
CITY-ST-ZIP **800 NE 39TH STREET
BOCA RATON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GRASSO, ALFREDO**
CITY-ST-ZIP **2856 DUNLIN ROADVE
DELRAY BEACH FL**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Myers, Alexander**
CITY-ST-ZIP **3227 Embassy Dr
West Palm Beach FL 33401**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **SMITH, ERNEST K**
CITY-ST-ZIP **18541 SW HERITAGE DR
JUPITER FL 33469**

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **Kurit, Bernerd**
CITY-ST-ZIP **3125 Embassy Dr
West Palm Beach FL 33401**

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:

Gayle A. Landen

1/31/02

CR2E037 (9/01)