

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

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

08-27-2003 90082 034 \*\*\*\*61.25

**DOCUMENT # 710674**

1. Entity Name

**CENTER FOR FINANCIAL TRAINING FLORIDA ATLANTIC,  
INC.**



Principal Place of Business

**4400 INVERRARY BLVD  
SECOND FLOOR  
LAUDERHILL FL 33319**

Mailing Address

**4400 INVERRARY BLVD  
SECOND FLOOR  
LAUDERHILL FL 33319**

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 **59-1727879**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BERRYMAN, DIANE C  
4400 INVERRARY BLVD  
SECOND FLOOR  
LAUDERHILL FL 33319**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Diane C. Berryman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*8/25/03*

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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

TITLE **D** ☐ Delete  
NAME **WRIGHT, FREDERICK**  
STREET ADDRESS **501 E LAS OLAS BLVD**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **D** ☐ Delete  
NAME **BERRYMAN, PAUL R**  
STREET ADDRESS **501 E. LAS OLAS BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **P** ☐ Delete  
NAME **SANDERHOFF, SANDI**  
STREET ADDRESS **3841 NE 14TH AVE**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **D** ☐ Delete  
NAME **LUISO, ANGELO**  
STREET ADDRESS **2626 E OAKLAND PARK BLVD**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE **D** ☐ Delete  
NAME **LUCAS, FRED D**  
STREET ADDRESS **12611 WHITE CORAL DR**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☐ Delete  
NAME **BERRYMAN, DIANE C**  
STREET ADDRESS **4400 INVERRARY BLVD 2ND FL**  
CITY-ST-ZIP **LAUDERHILL FL 33319**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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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:

*Diane C. Berryman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*8/25/03 (954) 742-7234*

CR2E037 (4/03)