2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

FILED DOCUMENT # 714329 May 08, 2000 8:00 am Entity Name Secretary of State EASTER SEAL SOCIETY OF DADE COUNTY, INC. 05-08-2000 90110 022 ****70.00 Principal Place of Business Mailing Address 1475 N W 14TH AVENUE 1475 N W 14TH AVENUE MIAMI FL 33125-1616 MIAMI FL 33125-1616 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0722783 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7.-Name and Address of New Registered Agent: Name Street Address (P.O. Box Number is Not Acceptable) **BORNSTEIN, JOAN L PHD** 1475 NW 14TH AVE **MIAMI FL 33125** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Delete Change TITLE TITLE ROSSMAN. STEPHEN F. NAME NAME ROSSMAN, STEPHEN F 40 BANYAN DRI AMI, FL 33156 STREET ADDRESS STREET ADDRESS 5340 BANYAN DRIVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** Change Addition Delete TITLE -TITLE CD. SILVERMAN, DR BARRY J MD NAME SILVERMAN, DR BARRY J MD STREET ADDRESS STREET ADDRES 19553 N.E. 37th AVE N. MIAMI BEACH, FL 33180 -19553 NE 37TH AVE CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL 33180 Addition ☐ Change ☐ Delete TITLE TITLE ٧D NAME NAME PECKINS, DAVIDM STREET ADDRESS STREET ADDRESS 3050 BISCAYNE BLVD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33137 ☐ Change ☐ Addition TITLE TD ☐ Delete TITLE HANDFIELD, LARRY NAME NAME STREET ADDRESS STREET ADDRESS 1730 N.E. 197 TERR CITY-ST-ZIP CITY-ST-ZIF MIAMI FL_33162 Change ☐ Delete TITLE ☐ Addition TITLE NAME SESSIONS, MRS ELLEN SESSIONS, MRS. ELLEN STREET ADDRESS STREET ADDRESS 1230 MENDAVIA 1230 MENDAVIA CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 33146 CORAL GABLES FL Delete TITI F Change Addition TITLE GALLAGHER, ROBERT E. JR. 4320 SANTA MARIA GALLAGHER, ROBERT E JR NAME NAME STREET ADDRESS STREET ADDRESS 4320 SANTA MARIA CITY-ST-ZIP CORAL GABLES, FL CITY-ST-ZIP CORAL GABLES FL 12.-I hereby certify that the information supplied with this filling coes 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 true empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

REQUIRED STEPHEN F. ROSSMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #