2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90110 022 ****70.00

DOCUMENT # 714329

1. Entity Name

EASTER SEAL SOCIETY OF DADE COUNTY, INC.

Principal Place of Business	Mailing Address
1475 N W 14TH AVENUE MIAMI FL 33125-1616	1475 N W 14TH AVENUE MIAMI FL 33125-1616

DO NOT WRITE IN THIS SPACE

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 59-0722783 ☐ 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
BORNSTEIN, JOAN L PHD 1475 NW 14TH AVE MIAMI FL 33125	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROSSMAN, STEPHEN F 5340 BANYAN DRIVE MIAMI FL 33156	☒ Delete	CD ROSSMAN, STEPHEN F. 5340 BANYAN DRIVE MIAMI, FL 33156	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SILVERMAN, DR BARRY J MD 19553 NE 37TH AVE N MIAMI BEACH FL 33180	☒ Delete	D SILVERMAN, DR BARRY J MD 19553 N.E. 37th AVE. N. MIAMI BEACH, FL 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PECKINS, DAVIDM 3050 BISCAYNE BLVD MIAMI FL 33137	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HANDFIELD, LARRY 1730 N.E. 197 TERR MIAMI FL 33162	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SESSIONS, MRS ELLEN 1230 MENDAVIA CORAL GABLES FL	☐ Delete	SD SESSIONS, MRS. ELLEN 1230 MENDAVIA CORAL GABLES, FL 33146	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALLAGHER, ROBERT E JR 4320 SANTA MARIA CORAL GABLES FL	☒ Delete	VD GALLAGHER, ROBERT E. JR. 4320 SANTA MARIA CORAL GABLES, FL 33146	☒ Change ☐ Addition

CR2E037 (9/99)

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 STEPHEN F. ROSSMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #