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305-325-0470

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empower

SIGNATURE:

Jan 19, 2001 8:00 am **DOCUMENT # 714329** Secretary of State 01-19-2001 90079 019 ****70.00 EASTER SEALS MIAMI-DADE, INC. Principal Place of Business Mailing Address 1475 N W 14TH AVENUE 1475 N W 14TH AVENUE MIAMI FL 33125-1616 MIAMI FL 33125-1616 D0004732 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0722783 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BORNSTEIN, JOAN L PHD 1475 NW 14TH AVE MIAMI FL 33125 City Zip Code FL 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:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROSSMAN, STEPHEN F NAME NAME 5340 BANYAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** TITLE ☐ Delete TITLE ☐ Change ☐ Addition SILVERMAN, DR BARRY J MD NAME NAME STREET ADDRESS 19553 NE 37TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL 33180 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PECKINS, DAVIDM NAME NAME STREET ADDRESS 3050 BISCAYNE BLVD STREET ADDRESS CITY-ST-ZIP MIAMI FL 33137 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HANDFIELD, LARRY NAME NAME STREET ADDRESS 1730 N.E. 197 TERR STREET ADDRESS CITY-ST-ZIP MIAMI FL 33162 CITY-ST-ZIP TITI E ☐ Delete Change ☐ Addition TITLE SESSIONS, MRS ELLEN NAME NAME 1230 MENDAVIA STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33146** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GALLAGHER, ROBERT E JR NAME NAME STREET ADDRESS 4320 SANTA MARIA STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL 33146** 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