

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714629

1. Entity Name

EASTER SEAL SOCIETY OF BROWARD COUNTY, INC.

Principal Place of Business

6951 W SUNRISE BLVD.
PLANTATION FL 33313

Mailing Address

6951 W SUNRISE BLVD.
PLANTATION FL 33313-4406

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

59-0668471

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUERST, SCOTT
200 E. BROWARD BLVD.
FORT LAUDERDALE FL 33301

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.

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	FUERST, SCOTT	
STREET ADDRESS	200 E BROWARD BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOODY, LESTER III	
STREET ADDRESS	500 N FEDERAL HWY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NANAN, SELVON MD	
STREET ADDRESS	333 NW 70TH AVENUE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NEWMAN, WREN	
STREET ADDRESS	1749 NW 91ST AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORY, DAVID	
STREET ADDRESS	6600 TAFT ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBERSON, CLAIRE	
STREET ADDRESS	1850 NW 69TH WAY	
CITY-ST-ZIP	PLANTATION FL 33313	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUERST, SCOTT	
STREET ADDRESS	200 E. BROWARD BLVD, STE 1500	
CITY-ST-ZIP	FT. LAUDERDALE, FLORIDA 33301	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEROME J. DVORAK	
STREET ADDRESS	5555 N. OCEAN BLVD #51	
CITY-ST-ZIP	FT. LAUDERDALE, 33308	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THEODORE S. FORMAN	
STREET ADDRESS	2455 E. SUNRISE BLVD	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES R. STEPHENS	
STREET ADDRESS	200 FIESTA WAY	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. MILTON LEWIS	
STREET ADDRESS	4211 N.E. 29th AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FLORIDA 33308	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WREN NEWMAN	
STREET ADDRESS	1749 NW 91ST AVENUE	
CITY-ST-ZIP	PLANTATION, FLORIDA 33313	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90125 005 ****61.25



DO NOT WRITE IN THIS SPACE

4/26/00

954-792-8772