

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714629

1. Entity Name

EASTER SEALS BROWARD COUNTY, INC.

Principal Place of Business

6951 W SUNRISE BLVD.
PLANTATION FL 33313

Mailing Address

6951 W SUNRISE BLVD.
PLANTATION FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 Theodore Forman
Street Address (P.O. Box Number is Not Acceptable)
255 N.E. 3rd Court
Boca Raton FL
City FL Zip Code 33432

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 <input checked="" type="checkbox"/>	D	FUERST, SCOTT	<input checked="" type="checkbox"/> Delete
NAME		200 E BROWARD BLVD	
STREET ADDRESS		FORT LAUDERDALE FL 33301	
CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/>	TD	MOODY, LESTER III	<input type="checkbox"/> Delete
NAME		1215 SE 11TH STREET	
STREET ADDRESS		FORT LAUDERDALE FL 33316	
CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/>	D	NANAN, SELVON MD	<input checked="" type="checkbox"/> Delete
NAME		333 NW 70TH AVENUE	
STREET ADDRESS		PLANTATION FL 33317	
CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/>	D	NEWMAN, WREN	<input type="checkbox"/> Delete
NAME		1749 NW 91ST AVE	
STREET ADDRESS		PLANTATION FL	
CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/>	D	CORY, DAVID	<input type="checkbox"/> Delete
NAME		6600 TAFT ST.	
STREET ADDRESS		HOLLYWOOD FL	
CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/>	PD	ROBERSON, CLAIRE	<input type="checkbox"/> Delete
NAME		2810 N COMMERCE PARKWAY	
STREET ADDRESS		MIRAMAR FL 33025	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <input checked="" type="checkbox"/>	Director	Stephens, James	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		200 FIESTA WAY	
STREET ADDRESS		FORT LAUDERDALE FL 33301	
CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/>	Treasurer	FORMAN, Theodore	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		255 N.E. 3rd Court	
STREET ADDRESS		BOCA RATON, FL 33432	
CITY-ST-ZIP			
TITLE <input type="checkbox"/>	Director	J. Milton Lewis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4211 N.E. 29 Avenue	
STREET ADDRESS		Fort Lauderdale, FL 33308	
CITY-ST-ZIP			
TITLE <input type="checkbox"/>	Director	Bernard Schwalbe	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12085 S.W. 1 street	
STREET ADDRESS		Coral Springs, FL 33071	
CITY-ST-ZIP			
TITLE <input type="checkbox"/>	Director	Neal Falk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		830 S.W. 89 Terrace	
STREET ADDRESS		Plantation, FL 33324	
CITY-ST-ZIP			
TITLE <input type="checkbox"/>			<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

4/29/02 (561)266-9998

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90064 018 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0668471 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

CR2E037 (9/01)