

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90221 026 ****70.00

DOCUMENT # 716928

1. Entity Name

BROWARD COUNTY COMMISSION ON ALCOHOLISM, INC.

Principal Place of Business

Mailing Address

200 SE 6TH ST
 #502
 FT. LAUDERDALE FL 33301
 US

200 SE 6TH ST
 #502
 FT. LAUDERDALE FL 33301
 US

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

59-1383875

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

HUGHES, DOUGLAS W
200 SE 6TH ST
STE 502
FT LAUDERDALE FL 33301

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME FOGAN, ROBERT J
 STREET ADDRESS 2625 SE 20 STREET
 CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE D ☐ Change ☒ Addition
 NAME MS. MARIE REYNOLDS
 STREET ADDRESS 27 NE 7 AVENUE
 CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE D ☐ Delete
 NAME MORRIS, MARILYN
 STREET ADDRESS 508 ISLE OF PALMS
 CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE D ☐ Change ☒ Addition
 NAME MR. JIM SHAW
 STREET ADDRESS 3061 NW 17 TERRACE
 CITY-ST-ZIP FT LAUDERDALE, FL 33311

TITLE VD ☒ Delete
 NAME ILONA M HOLMES
 STREET ADDRESS U S DEPT OF JUSTICE, 299 E BROWARD BLVD
 CITY-ST-ZIP FT. LAUDERDALE FL

TITLE SD ☐ Change ☒ Addition
 NAME MR. CHARLES I. KAPLAN, ESQ
 STREET ADDRESS 1323 SE 4 AVENUE
 CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE D ☐ Delete
 NAME ROCQUE, MICHAEL J
 STREET ADDRESS 200 SE 6 STREET # 504
 CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE D ☐ Change ☒ Addition
 NAME PAT CURRY,
 STREET ADDRESS 200 SE 6TH STREET SUITE 500
 CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE D ☐ Delete
 NAME NAVARRO, NICK
 STREET ADDRESS 1341 SW 21 TERRACE
 CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE D ☐ Change ☒ Addition
 NAME EMILY HARRIS
 STREET ADDRESS 200 SE 6TH STREET SUITE 500
 CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE D ☐ Delete
 NAME MARCUS, DAVID
 STREET ADDRESS 2255 GLADES ROAD # 400 B
 CITY-ST-ZIP BOCA RATON FL 33431

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:

Douglas W Hughes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/02 (954) 763-4505

CR2E037 (9/01)