## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 716928

1. Entity Name

## BROWARD COUNTY COMMISSION ON ALCOHOLISM, INC.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90524 023 \*\*\*\*70.00

|   |   |                                    | 990  | WEIR  |  |   |  |  |
|---|---|------------------------------------|--|---|--|---|--|--|
| Principal Place   | ce of Business  | Mailing Address 200 SE 6TH ST      |  |   |  |   |  |  |
| #502  |   | #502                               |  |   |  |   |  |  |
| FT. LAUDERD   | ALE FL 33301  | FT. LAUDERDALE FL 33301            |  |   |  | ·   | •  |  |
| US  |   | US                                 |  |   |  | <b>i i e e</b> e e e e e e e e e e e e e e e e  |  |  |
| 2. Principal I  | Place of Business   | 3. Mailing Address                 |  |   |  |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                |  | ☐ CHECK HERE IF MAKING CHANGES  |  |   |  |  |
| City & State  |   | City & State                       |  |   | J 33 1000073   |   | Applied For  |  |
| 7.  |   | <u> </u>                           |  |   |  |   |  | lot Applicable   |
| Zip   | Country   | Zìp                                | Country  | من بيرب   | 5. Certificate of Sta  | atus Desired 🕽  | \$8:75 A   | dditional<br>ed  |
|   | 6. Name and Address of Curren   | t Registered Agent                 |  |   | 7. Name and Add  | ress of New Regist  | ered Agent   |  |
|   |   |                                    | Name   |   |  |   | -  |  |
| HUGHES, DOUGLAS W   |   | Street Address                     |  | Address /F  | s (P.O. Box Number is Not Acceptable)  |   |  |  |
| 200 SE 6TH ST   |   |                                    | Silieet Address  |   | T.O. BOX NOTIBEL IS A  |   |  |  |
| STE 502   |   |                                    |  |   |  |   |  |  |
| FT LAUD   | ERDALE FL 33301   |                                    | City   |   |  |   | FL Zip Co  | de   |
| 8. The above  | named entity of bmits this statement  | for the purpose of changing its r  | egistered office   | or registere  | ed agent, or both, in t  | the State of Florida.   | I am familiar with   | , and accept   |
| the obliga  | tions of registered agent.  | nill don                           |  |   |  | .1  | 1  | J  |
|   | . ////////////////////////////////////  | 'N/ N/1/N/////                     |  |   |  | 411/  | 103  | Ì  |
|   | i invini i i autorali i   | 1                                  |  |   |  |   |  |  |
| SIGNATURE   | Signature wheel or printed stope of registered aper   | at and title it applicated (NOTE:  | Registered Agent sign  | atura raquirad  | Luhan rainstating\   | -1710   | DATE   | <del></del>  |
| SIGNATURE   | Signature, typed or printed the of registered ager  | nt and title if applicative (NOTE: | Registered Agent sign  | ature required  | when reinstating)  | -1410   | DATE   |  |
|   | <i>y</i>  | $ \theta$                          |  |   |  |   |  | •  |
|   | \$Ignature. When or printed the of registered ager  FILE NOW: FEE IS \$61.25  | 9. Election Cam                    | paign Financing  |   | <b>\$5.00</b> May Be   | Make C  | Check Payable  |  |
|   | <i>y</i>  | $ \theta$                          | paign Financing  |   |  | Make C  |  |  |
|   | <i>y</i>  | 9. Election Cam<br>Trust Fund Co   | paign Financing  |   | <b>\$5.00</b> May Be   | Make C<br>Florida De  | Check Payable epartment of   | State  |
|   | FILE NOW: FEE IS \$61.25  | 9. Election Cam<br>Trust Fund Co   | paign Financing<br>ontribution.  | □ A   | \$5.00 May Be<br>Added to Fees   | Make C<br>Florida Do  | Check Payable epartment of   | State  |
| 10. 1   | FILE NOW: FEE IS \$61.25  OFFICERS AND D  | 9. Election Cam<br>Trust Fund Co   | paign Financing ontribution.  11. TITLE NAME   | D<br>FRAN   | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANGE   | Make C<br>Florida De<br>ES TO OFFICERS AN   | Check Payable epartment of ND DIRECTORS I  | N 10 Addition  |
| 10. 1   | FILE NOW: FEE IS \$61.25  OFFICERS AND D PD FOGAN, ROBERT J 2625 SE 20 STREET   | 9. Election Cam<br>Trust Fund Co   | paign Financing ontribution.  11. TITLE NAME   | D<br>FRAN<br>3471   | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANGE<br>NCA DICIEN<br>N FEDERAL  | Make C<br>Florida Do<br>S TO OFFICERS AN<br>UZO<br>L HIGHWAY  | Check Payable epartment of DIRECTORS I Change  | N 10 Addition  |
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| 10. ITITLE NAME STREET ADDRESS  | FILE NOW: FEE IS \$61.25  OFFICERS AND D PD FOGAN, ROBERT J 2625 SE 20 STREET   | 9. Election Cam<br>Trust Fund Co   | paign Financing ontribution.  11. TITLE NAME STREET ADDRESS  | D<br>FRAN<br>3471<br>FT I   | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANGE<br>NCA DICIEN<br>N FEDERAL<br>LAUDERDALE  | Make C<br>Florida Do<br>S TO OFFICERS AN<br>UZO<br>L HIGHWAY  | Check Payable epartment of DIRECTORS I Change  | N 10 Addition  |
| 10. • TITLE NAME STREET ADDRESS CITY-ST-ZIP   | FILE NOW: FEE IS \$61.25  OFFICERS AND D  PD FOGAN, ROBERT J 2625 SE 20 STREET FORT LAUDERDALE FL 33316 D MORRIS, MARILYN   | 9. Election Cam Trust Fund Co      | paign Financing ontribution.  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | D<br>FRAN<br>3471<br>FT I<br>D<br>JOHN  | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANGE<br>NCA DICIEN<br>N FEDERAL<br>LAUDERDALE  | Make C<br>Florida Do<br>S TO OFFICERS AN<br>NZO<br>L HIGHWAY<br>E, FL 333   | Check Payable epartment of Change  Change  SUITE   | N 10   |
| 10. 1 TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE   | FILE NOW: FEE IS \$61.25  OFFICERS AND D  PD FOGAN, ROBERT J 2625 SE 20 STREET FORT LAUDERDALE FL 33316  D MORRIS, MARILYN 508 ISLE OF PALMS  | 9. Election Cam Trust Fund Co      | paign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | FRAN<br>3471<br>FT I<br>D<br>JOHN<br>119  | \$5.00 May Be<br>Added to Fees  ADDITIONS/CHANGE  NCA DICIEN N FEDERAL LAUDERDALE N HURLEY SE 12 STR   | Make C<br>Florida De<br>STO OFFICERS AN<br>NZO<br>L HIGHWAY<br>E, FL 333  | Check Payable epartment of Change  Change  Change  Change  | N 10   |
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12. Thereby 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 trusted 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 gither like empowered.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS | 2255 GLADES ROAD # 400 B

**BOCA RATON FL 33431** 

SIBUULAHAWEKLINALIA AL

4/16/03

FT LAUDERDALE, FL 33316

STREET ADDRESS 1300 S ANDREWS AVE

(שמיניו) ימסשקעה