

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721794

1. Entity Name

**REALTOR ASSOCIATION OF GREATER FORT LAUDERDALE, INC.**

Principal Place of Business

Mailing Address

1765 NE 26TH STREET  
FT LAUDERDALE FL 33305

1765 NE 26TH STREET  
FT LAUDERDALE FL 33305

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

59-0551652

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

**SIMMONS, STEPHEN J ESQ.**  
**321 S.E. 15TH AVENUE**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GREENE, SUMMER<br>3100 E COMMERCIAL BLVD<br>FT LAUDERDALE FL 33308      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BARKETT, RAYMOND<br>2121 N FEDERAL HIGH<br>FORT LAUDERDALE FL 33305     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>KAHN, JEFFREY A<br>2400 E OAKLAND PARK BLVD<br>FORT LAUDERDALE FL 33306 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BRUCK, CLAUDETTE<br>6610 N. UNIVERSITY DRIVE<br>TAMARAC FL 33321         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Delete            |

|                                                |   |                                                                              |
|------------------------------------------------|---|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02

Date

954-566-0200

Daytime Phone #

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90002 034 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

Attachment  
Doc# 721794  
137717

2002 Uniform Business Report (UBR)

REALTOR ASSOCIATION OF GREATER FT. LAUDERDALE

Document # 721794

11. Additions

T  
DeFries, Ann  
4301 N. Federal Hwy  
Lighthouse Point, FL 33064

D  
William M. Quinlan  
904 E. Cypress Creek Road  
Fort Lauderdale, FL 33334

D  
Rowe, Larry  
4412 E. Tradewinds Ave.  
Lauderdale-by-the-Sea, FL 33308

VP  
Charles J. Bonfiglio  
10000 Stirling Road, Ste.5  
Cooper City, FL 33024

S  
Longhini, Dorine  
850 Riverside Dr.  
Coral Springs, FL 33071

D  
Napolitano, Toni  
2121 N. Federal Hwy  
Ft. Lauderdale, FL 33305

D  
Kalmbach, Esther  
1370 S. Ocean Blvd. Apt. 2002  
Pompano Beach, FL 33062

D  
Evelyn De Ceasare  
3430 Galt Ocean Drive #1111  
Fort Lauderdale, FL 33308