

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

0045410

04-13-2001 90025 002 \*\*\*\*61.25

**DOCUMENT # 726206**

1. Entity Name

**BROWARD COUNTY RIGHT TO LIFE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

512 NE 26TH STREET  
 FT. LAUDERDALE FL 33305

512 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

**23-7380518**

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

**AMAN, JOHN**  
~~6300 NW 31ST TERRACE~~  
**FORT LAUDERDALE FL 33309**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P/D	AMAN, JOHN	6300 NW 31ST TERRACE	FT LAUDERDALE FL 33309	<input type="checkbox"/>
VP/D	CAMPBELL, TOM	117 NW 24 STREET	WILTON MANORS FL 33311	<input type="checkbox"/>
S/D	SULLIVAN, NITA	4011 N. CYPRESS DR. BLDG. 83 APT. 205	POMPANO BEACH FL 33069	<input type="checkbox"/>
T/D	FADGEN, JERRY	7379 SW 9 CT	PLANTATION FL	<input type="checkbox"/>
D	MAY, JOHN	219 SE 9 CT	HALLENDALE FL 33009	<input type="checkbox"/>
D	CLEARY, JAMES	650 SW 87 TERR.	PLANTATION FL 33324	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Laura Lacour	6278 Duval Drive	MARGATE, FLA. 33063	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	LORNA Bryan	5509 Bluejack Oak Circle	Tamarac, Fla. 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	John May	219 SE 9th Ct	Hallandale, FL. 33009	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

954 334-5320

Date

Daytime Phone #

CR2E037 (10/00)