

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **727685**

1. Entity Name

**BIG BROTHERS/BIG SISTERS OF BROWARD, INC.**

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90093 035 \*\*\*\*61.25

Principal Place of Business <b>4701 NW 33 AVE OAKLAND PARK FL 33309 US</b>	Mailing Address <b>4701 NW 33 AVE. OAKLAND PARK FL 33309-6807 US</b>
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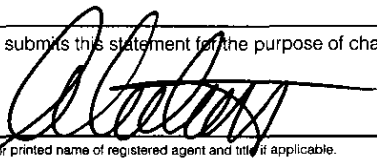
DO NOT WRITE IN THIS SPACE

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 <b>59-1507595</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CEDENO, ANA</b> <b>4701 N W 33RD AVENUE</b> <b>OAKLAND PARK FL 33309</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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  **ANA CEDEÑO, EXECUTIVE DIRECTOR** 4-14-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> <input type="checkbox"/> Delete <b>MACK, WILHELMENA</b> <b>2101 W. COMMERCIAL BLVD. 2000</b> <b>FORT LAUDERDALE FL 33309</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input type="checkbox"/> Delete <b>MURRY, BARBARA</b> <b>8000 W. SUNRISE BLVD</b> <b>PLANTATION FL 33322</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VD</del> <input type="checkbox"/> Delete <b>HAWKINS, CANDY</b> <b>1000 CORPORATE DR. 5TH FLOOR</b> <b>FORT LAUDERDALE FL 33309</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input type="checkbox"/> Delete <b>BENTLEY, KIM</b> <del>800 SE 3 AVE</del> <b>FORT LAUDERDALE FL 33301</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>111 N.W. 12th Avenue</b> <b>Deerfield Beach, FL 33442</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input type="checkbox"/> Delete <b>LEVE, TRACY</b> <del>1800 ELLER DR</del> <b>FT. LAUDERDALE FL 33335</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>350 E. Las Olas Blvd. #800</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MCLAUGHLIN, ELLEN</b> <b>200 E. LAS OLAS BLVD. 10TH FLOOR</b> <b>FORT LAUDERDALE FL 33301</b>	TITLE NAME STREET ADDRESS 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:  **CANDACE HAWKINS** 4-14-00 (954) 351-5110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)