


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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90645 008 \*\*\*\*70.00

**DOCUMENT # 727685**

1. Entity Name  
**BIG BROTHERS/BIG SISTERS OF BROWARD, INC.**



Principal Place of Business  
**350 SE SECOND STREET  
SUITE 200  
FORT LAUDERDALE FL 33301  
US**

Mailing Address  
**350 SE SECOND STREET  
SUITE 200  
FORT LAUDERDALE FL 33301  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**301 EAST LAS OLAS BLVD  
SUITE, Apt. #, etc.  
SUITE 210**

3. Mailing Address  
**301 EAST LAS OLAS BLVD  
SUITE, Apt. #, etc.  
SUITE 210**

City & State  
**FORT LAUDERDALE FLA**

City & State  
**FORT LAUDERDALE FLA**

Zip  
**33301**

Country  
**U.S.A.**

Zip  
**33301**

Country  
**U.S.A.**

4. FEI Number **59-1507595**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CEDENO, ANA  
350 SE SECOND STREET  
SUITE 200  
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name  
**ANA M. CEDEÑO**

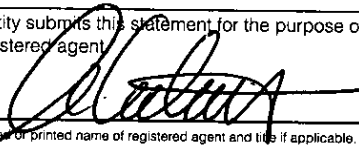
Street Address (P.O. Box Number is Not Acceptable)  
**301 EAST LAS OLAS BLVD  
SUITE 210**

City  
**FORT LAUDERDALE**

FL

Zip Code  
**33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **4/1/03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MACK, WILHELMENA 2101 W. COMMERCIAL BLVD. 2000 FORT LAUDERDALE FL 33309</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MURRY, BARBARA 8000 W. SUNRISE BLVD. PLANTATION FL 33322</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HAWKINS, CANDY 1000 CORPORATE DR. 5TH FLOOR FORT LAUDERDALE FL 33309</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BENTLEY, KIM 111 NORTHWEST 12TH AVENUE DEERFIELD BEACH FL 33442</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GARRIDO, JORGE 1776 N PINEISLAND RD., STE 100 PLANTATION FL 33322</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCLAUGHLIN, ELLEN 200 E. LAS OLAS BLVD. 10TH FLOOR FORT LAUDERDALE FL 33301</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>303 SE 17th STREET FORT LAUDERDALE, FLA 33316</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MICHELLE BLACKSTOCK 2401 NW BOCA RATON BLVD BOCA RATON, FLA 33431</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1000 CORPORATE DRIVE FORT LAUDERDALE, FLA 33334</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

2. 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:  **4/1/03 (954) 351-5110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)