

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90038 012 \*\*\*\*61.25

**DOCUMENT # 729971**

1. Entity Name

**ESTATE PLANNING COUNCIL OF BROWARD COUNTY, INC.**

Principal Place of Business

Mailing Address

100 NE THIRD AVE  
 STE 400  
 FT LAUDERDALE FL 33301  
 US

100 NE THIRD AVE  
 STE 400  
 FT LAUDERDALE FL 33301-1155  
 US

2. Principal Place of Business

**AMERN, JASCO, #00**

3. Mailing Address

**190 S.E. 19th AVENUE**

Suite, Apt. #, etc.

**190 S.E. 19th AVENUE**

Suite, Apt. #, etc.

City & State

**Pompano Beach Fl.**

City & State

**Pompano Beach, Fl.**

Zip

**33060**

Country

**USA**

Zip

**33060**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**23-7411611**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, JAMES B**  
 100 NE 3RD AVE, STE 400  
 FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name **McDONOUGH, REBECCA L.**

Street Address (P.O. Box Number is Not Acceptable)

**190 S.E. 19th AVENUE**

City

**Pompano Beach**

FL

Zip Code

**33060**

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)

*Rebecca McDonough*  
**JAMES B. DAVIS**  
 P.O.

**4/26/00**  
**4/3/00**  
 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

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MCDONOUGH, REBECCA L</b>	
STREET ADDRESS	<b>180 SE 19TH AVENUE</b>	
CITY-ST-ZIP	<b>POMPANO BCH FL 33060</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAVIS, JAMES B</b>	
STREET ADDRESS	<b>100 NE THIRD AVE, STE-400</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>FUERST, DOUGLAS P</b>	
STREET ADDRESS	<b>5900 N ANDREWS AVE #908</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33309</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, JOYCE</b>	
STREET ADDRESS	<b>50 E CAMINO REAL</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>(SO)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BASKIES, JEFFREY</b>	
STREET ADDRESS	<b>RUDEN, MCCLOSKEY, SMITH, SCHUSTER</b>	
CITY-ST-ZIP	<b>200 EAST BROWARD BLVD. FT. LAUDERDALE, FL. 33302</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jeffrey Baskies*  
**JEFFREY BASKIES**

Date

**4/3/00 (954) 938 5003**

Daytime Phone #

CR2E037 (9/99)