

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90019 040 \*\*\*\*61.25

**DOCUMENT # 732204**

1. Entity Name

**SOCIETY OF SAINT VINCENT DE PAUL PARTICULAR COUNCIL OF CENTRAL BROWARD, INC.**

3

Principal Place of Business

513 WEST BROWARD BOULEVARD  
 FORT LAUDERDALE FL 33312-1743

Mailing Address

1211 NE 4TH AVE  
 FORT LAUDERDALE FL 33304  
 US

2. Principal Place of Business

1211 NE 4th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

4. FEI Number

59-1580430

Applied For

Not Applicable

Zip

33304

Country

Broward

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEWIS DESARITZ  
 7481 W OAKLAND PARK BLVD  
 STE 301  
 SUNRISE FL 33319

7. Name and Address of New Registered Agent

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

TITLE: PD  
 NAME: OSBORNE, CONRAD C  Delete  
 STREET ADDRESS: 8361 N.W. 21 COURT  
 CITY-ST-ZIP: SUNRISE FL

TITLE: VD  
 NAME: WYMAN, RAY  Delete  
 STREET ADDRESS: 1719 WHITEHALL DR  
 CITY-ST-ZIP: FT LAUDERDALE FL 33324

TITLE: TD  
 NAME: SHARROW, EDNA  Delete  
 STREET ADDRESS: 2308 NW 6TH TERRACE  
 CITY-ST-ZIP: WILTON MANORS FL 33311

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: VD  Change  Addition  
 NAME: William Murphay  
 STREET ADDRESS: 1961 SW 75 Ter.  
 CITY-ST-ZIP: Plantation, FL 33317

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  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: *S. Conard Osborne*

*S. Conard Osborne*

CR2E037 (9/01)