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

FILED
Jun 16, 2002 8:00 am
Secretary of State
05-14-2002 90348 026 ****62.00
06-16-2002 90699 001 ****16.00

DOCUMENT # 732653

1. Entity Name
Robert Estner
POMPANO Beach Veterans Memorial Home, Inc

DO NOT WRITE IN THIS SPACE

93045

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2. Principal Place of Business	3. Mailing Address
253 FARNHAM K	253 FARNHAM K
Suite, Apt. #, etc. 253	Suite, Apt. #, etc. 253
City & State Deerfield Bch, Fl	City & State Deerfield Bch, Fl
Zip 33442 Country Broward	Zip 33442 Country Broward

4. FEI Number 59-2110263 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Robert Estner

Street Address (P.O. Box Number is Not Acceptable) 253 FARNHAM K

City Deerfield Bch FL Zip Code 33442

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 Robert Estner April 24, 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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 VICE President/Director NAME Louis L. EAger STREET ADDRESS 148 Durham K CITY-ST-ZIP Deerfield Bch, Fl 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE SECY, TREASURER, Director NAME LESLIE Cameron STREET ADDRESS 253 FARNHAM K CITY-ST-ZIP Deerfield Bch, Fl 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DIRECTOR NAME ABE GIBBS STREET ADDRESS 95 OAKRIDGE H CITY-ST-ZIP Deerfield Bch, F 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Estner Robert Estner President 4-24-2002 954 420 0166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #