

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733849

1. Entity Name

HUMANITARIAN FOUNDATION FOR HANDICAPPED CHILDREN  
OF FT. LAUDERDALE LODGE NO. 201, INC.

Principal Place of Business Mailing Address  
BLOCK, RICHARD RAPHAEL  
4300 ROCK ISLAND RD #304  
PORT LAUDERDALE FL 33319-4520

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0185617

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIPNACK, MARTIN  
7421 S.W. 20TH STREET  
PLANTATION FL 33317

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	4300 PINE BLVD In Lauderdale 33319
NAME	BLOCK, RICHARD	
STREET ADDRESS	10433 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FOGELMAN, ALLAN	
STREET ADDRESS	9575 WELDON CIRCLE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	T	<input type="checkbox"/> Delete
NAME	EISNER, WALTER	
STREET ADDRESS	10422 NW 24 PL	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	S	<input type="checkbox"/> Delete
NAME	LASTER, BRUCE	
STREET ADDRESS	8971 N.W. 3RD COURT	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	GINSBERG, HAROLD	
STREET ADDRESS	8007 N.W. 108TH AVENUE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARBER, SIMON	
STREET ADDRESS	1709 N.W. 56TH AVENUE	
CITY-ST-ZIP	LAUDERHILL FL 32621	

TITLE	<input 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	<input 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	<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:

RICHARD BLOCK  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Richard Block Pres  
Date  
Daytime Phone #

FILED  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90041 033 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)