

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90234 036 ****61.25

DOCUMENT # 735178

1. Entity Name

THE STAFF FUND, INC.

Principal Place of Business

Mailing Address

**2101 N ANDREWS AVE #400
 THE DART BUILDING
 FT. LAUDERDALE FL 33311**

**2101 N ANDREWS AVE #400
 THE DART BUILDING
 FT. LAUDERDALE FL 33311**

LA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1668493

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

**KORMAN, DONALD G.
 2101 NO ANDREWS AVE
 STE 400
 FT. LAUDERDALE FL 33311**

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

After September 12, 2001, min. will be \$236.25

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
 NAME **D**
 STREET ADDRESS **LESTRANGE, NILE**
 CITY-ST-ZIP **4800 N.FEDERAL HWY.
 FT LAUDERDALE, FL 00000** ☐ Delete

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

TITLE
 NAME **TD**
 STREET ADDRESS **FLATEN, PAUL A**
 CITY-ST-ZIP **1841 NE 45TH ST
 FT LAUDERDALE, FL 00000** ☐ Delete

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

TITLE
 NAME **D**
 STREET ADDRESS **GREEN, ROBERT**
 CITY-ST-ZIP **2951 N.W. 49 AVE.
 LAUDERDALE LAKES FL** ☐ Delete

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

TITLE
 NAME **SD**
 STREET ADDRESS **LENAR, ROBERT J**
 CITY-ST-ZIP **2480 NE 23RD ST
 POMPANO BCH, FL 00000** ☐ Delete

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

TITLE
 NAME **PD**
 STREET ADDRESS **HILL, DAVID C**
 CITY-ST-ZIP **4800 NE 20TH TERR
 FT LAUD, FL 00000** ☐ Delete

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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 REQUIRED

2/9/01 954564-480

CR2E037 (5/01)