

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736202

1. Entity Name

BOCA RATON HABILITATION CENTER AUXILIARY, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90146 030 ****70.00

Principal Place of Business

Mailing Address

22313 BOCA RIO ROAD
BOCA RATON FL 33433

22313 BOCA RIO ROAD
BOCA RATON FL 33433-4701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1712983

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

FERRIS, WILLIAM C
22313 BOCA RIO RD.
BOCA RATON FL 33433

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

William C Ferris

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 PD ☒ Delete
NAME CARSON, JOHN R
STREET ADDRESS 1014 NW 7TH ST
CITY-ST-ZIP BOCA RATON FL 33486

TITLE PD ☒ Change ☐ Addition
NAME GIUSTO, ALBERT
STREET ADDRESS 275 HIGH POINT CT APT SEC 4A
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE VD ☒ Delete
NAME GIUSTO, ALBERT
STREET ADDRESS 275 HIGH POINT CT APT C SEC 4A
CITY-ST-ZIP BOYNTON BEACH FL 33435

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

TITLE VD ☐ Delete
NAME O'BRIEN, DOROTHY
STREET ADDRESS 2899 NW 76TH ST
CITY-ST-ZIP BOCA RATON FL 33434

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

TITLE TD ☐ Delete
NAME STERRY, ARTHUR F
STREET ADDRESS 11433 NW 30TH ST
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE SD ☐ Delete
NAME HOYT, LORRAINE
STREET ADDRESS 823 SE 12TH AVE
CITY-ST-ZIP DEERFIELD BEACH FL 33441

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

TITLE SD ☒ Delete
NAME CARSON, FLORENCE
STREET ADDRESS 1014 NW 7TH ST
CITY-ST-ZIP BOCA RATON FL 33486

TITLE SD ☐ Change ☒ Addition
NAME KLINE, HARRIET
STREET ADDRESS 17204 NEWPORT CLUB DR
CITY-ST-ZIP BOCA RATON FL 33496

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:

Arthur F. Sterry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-2000 (954) 753-0862

CR2E037 (9/99)