

NOTE → ~~Not~~ **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT-(UBR)**

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

06-27-2002 90184 018 \*\*\*\*70.00

DOCUMENT # **736202**

1. Entity Name

**BOCA RATON HABILITATION CENTER**  
**AUXILIARY, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**22313 BOCA RIO RD.**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**BOCA RATON, FL.**

City & State

4. FEI Number

**59-1712983**

Applied For

Not Applicable

Zip

Country

**33433-4701**

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**WILLIAM C. FERRIS**

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

**22313 BOCA RIO RD**

City

**BOCA RATON**

FL

Zip Code

**33433**

**DO NOT WRITE  
IN THIS SPACE**

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.

**(DID NOT RECD FROM PERSON TO DATE)**

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT / DIRECTOR</b> <b>KLEIN, HARRIS</b> <b>12565 IMPERIAL ISLES DR Apt #303</b> <b>BOYNTON BEACH, FL 33437</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRES / DIRECTOR</b> <b>GUSTO, ALBERT</b> <b>275 HIGH POINT CT APTC SEC 4A</b> <b>BOYNTON BEACH, FL 33435</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER / DIRECTOR</b> <b>STERRY, ARTHUR F.</b> <b>11433 N.W. 30TH ST.</b> <b>CORAL SPRINGS, FL 33065</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY / DIRECTOR</b> <b>O'BRIEN, DOROTHY</b> <b>8736 E. ESCONADO WAY</b> <b>BOCA RATON, FL 33433</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>GOLDENBERG, ESTER</b> <b>1703 ANDROS ISLE MV</b> <b>COCONUT CREEK, FL 33066</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY / DIRECTOR</b> <b>HOYT LORRAINE</b> <b>823 S.E. 12TH AVE</b> <b>DEERFIELD BEACH, FL 33441</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ARTHUR F. STERRY**

**6/19/02 (954) 753-0862**

Date

Daytime Phone #

CR2E034B (12/01)

Attached  
# 736202  
118625

Copy

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

June 10, 2002  
Document No. 736202

Subject Re: 2002 Annual Report /Uniform Business Report

To Whom it may concern,

It has come to my attention that we never received the 2002 form to complete for this calendar year. We wish to comply in order to remain active. Our document No. is 736202. Please forward to the following address:-

Boca Raton Habilitation Center Auxiliary, Inc.  
22313 Boca Rio Road  
Boca Raton, Fla. 33433-4701

Attention - A.F. Sterry, Treasurer

Cordially,

  
Arthur F. Sterry

Attachment  
Doc# 736202  
118625

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

June 19, 2002  
Document No. 736202

Subject Re: 2002 Annual Report /Uniform Business Report

To Whom it may concern,

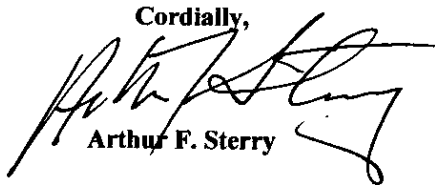
In response to my letter of June 10<sup>th</sup> the attached form was received and has been completed even though we are a NON PROFIT Corporation. I was ignorant of the fact that I had to stipulate same in my letter of the 10<sup>th</sup>.

I have enclosed a check for \$ 70 ( \$61.25 + \$8.75) to cover the amendment of Officers and Directors. Any further correspondence show be addressed to:-

Boca Raton Habilitation Center Auxiliary, Inc.  
22313 Boca Rio Road  
Boca Raton, Fla. 33433-4701

Attention - A.F. Sterry, Treasurer

Cordially,



Arthur F. Sterry