

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90564 021 ****70.00

DOCUMENT # 736202

1. Entity Name
BOCA RATON HABILITATION CENTER AUXILIARY, INC.



Principal Place of Business
**22313 BOCA RIO ROAD
BOCA RATON FL 33433**

Mailing Address
**22313 BOCA RIO ROAD
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1712983**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KLEIN, HARRIET	
STREET ADDRESS	12565 IMPERIAL ISLE DR APT #303	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GIUSTO, ALBERT	
STREET ADDRESS	275 HIGH POINT CT APT C SEC 4A	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STERRY, ARTHUR F	
STREET ADDRESS	11433 NW 30TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOYT, LORRAINE	
STREET ADDRESS	823 SE 12TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	RSD	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, FREDA	
STREET ADDRESS	8736 E ESCONDIDO WAY	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	GARIEN, DOROTHY	
STREET ADDRESS	23343 BLUEWATER CIRCLE APT B 923	
CITY-ST-ZIP	BOCA RATON, FL 33433	

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	
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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: *ARTHUR F STERRY*

1-16-03 954-753 0862

CR2E037 (10/02)