

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739944

1. Entity Name

LUPUS FOUNDATION OF AMERICA SOUTHEAST FLORIDA CH

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90054 035 ****70.00

Principal Place of Business

75 NE 6TH AVE
105
DELRAY BEACH FL 33483
US

Mailing Address

75 NE 6TH AVE
105
DELRAY BEACH FL 33483
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

223

Suite, Apt. #, etc.

223

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1752601

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HALPSERN, PAUL
75 NE 6TH AVE
STE 105
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name JACK McALLISTER
Street Address (P.O. Box Number is Not Acceptable)
75 NE 6TH AVE STE 223
City DELRAY BEACH FL Zip Code 33483

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.

JACK McALLISTER EXECUTIVE DIRECTOR 8/9/00
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 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	PD	<input type="checkbox"/> Delete
NAME	BRIGHT, J. R	
STREET ADDRESS	700 SEASAGE DR.	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GAZIE, LINDA	
STREET ADDRESS	2611 SW 15TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NOLLE, RANDY E	
STREET ADDRESS	9771 DAFFODIL LANE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEISS, ROBERT	
STREET ADDRESS	3386 CHRUCH HILL RD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BRIGHT, ANNE	
STREET ADDRESS	900 EAST ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN MARKIS	
STREET ADDRESS	6275 BAY CLUB DR #4	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN STEPPER	
STREET ADDRESS	13 CARRICK RD	
CITY-ST-ZIP	PAUM BEACH GARDENS FL 33418	
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:

ROBERT J. WEISS - Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/00 (561) 279-8606
Date Daytime Phone #

CR2E037 (5/00)