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

FILED
Apr 09, 2003 8:00 am
Secretary of State
01-16-2003 90091 028 ****61.25

55023875

DOCUMENT # 746687

1. Entity Name
THE SOUTH FLORIDA CHAPTER OF THE DYSAUTONOMIA FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O BELLA KARGAUER 2635 NW 104TH AVE 110 SUNRISE FL 33322 US	2635 N.W. 104 AVE. APT. 110 SUNRISE FL 33322 US

DORIS EISNER
104YY NW Y4 PL
Apt. Y01
SUNRISE FL. 3 3 3 Y Y
[redacted]

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
SAME	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0248444 ☐ Applied For ☐ Not Applicable

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
KARGAUER, BELLA 2635 NW 104 AVE APT 110 RETIRED SUNRISE FL 33322	Name: DORIS EISNER Street Address (P.O. Box Number is Not Acceptable): 104YY NW Y4 PL. # Y01 SUNRISE FLA. City: FL Zip Code: 333YY

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: Doris Eisner 1/13/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELDMAN, HORTENSE 9881 SUNRISE LAKES BLVD. SUNRISE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. (DIRECTOR) SHERRY HARAWITZ 10467 SUNRISE LAKES BLVD. SUNRISE FLA. 333YY ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EISNER, DORIS 10422 NW 24 PLACE SUNRISE FL 33322	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. NORA BLAKE 10304 SUNRISE LAKES BLVD. SUNRISE FLA. 333YY ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GROSSMAN, BETH 10422 NW 24 PLACE SUNRISE FL 33322	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1ST V. PRES. (DIRECTOR) ESTELLE ROSENZWEIG 9575 WELDON CIRCLE TAMARAC FL. 333YY ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HARAWITZ, SHERRY 10467 SURISE LAKES BLVD. SUNRISE FL 33322	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2ND V. PRES. BETH GROSSMAN 104YY NW Y4 PL. SUNRISE FL. 333YY ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROSENZWEL, ESTELLE G 9575 WELDON CIRCLE TAMARAC FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. STANLEY ROSENZWEIG 9575 WELDON CIRCLE TAMARAC FL. 333YY ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KARGAUER, BELLA 2635 N.W. 104 AVENUE SUNRISE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS DORIS EISNER (DIRECTOR) 104YY NW Y4 PL SUNRISE FL. 333YY ☑ Change ☐ Addition

CR2E037 (10/02)

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: Doris Eisner VICE PRESIDENT (DORIS EISNER) 1/13/03 (954) 572-1890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 1

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 27, 2003

THE SOUTH FLORIDA CHAPTER OF THE DYSAUTONOMIA FOUNDATIO
C/O DORIS EISNER
10422 N.W. 24 PLACE, #201
SUNRISE, FL 33322 US

SUBJECT: THE SOUTH FLORIDA CHAPTER OF THE DYSAUTONOMIA FOUNDATION, INC.
Ref. Number: 746687 550238776

We have received your document for THE SOUTH FLORIDA CHAPTER OF THE DYSAUTONOMIA FOUNDATION, INC. and your check(s) totaling $61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

A non-profit corporation must list three (3) directors or (3) trustees and their street addresses in block 10 or 11. Use a "D" or "T" to designate the title.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan
Document Specialist

Letter Number: 003A00018621