

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752698

1. Entity Name

THE BUSINESS FORUM, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90269 046 ****61.25

Principal Place of Business Mailing Address
P O BOX 10145 P O BOX 10145
POMPANO BEACH FL 33061 POMPANO BEACH FL 33061-6145

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2554230 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

SHERMAN, KIM DOUGLAS
2400 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306

Name
Street Address (P.O. Box Number is Not Acceptable)
1000 CORPORATE DRIVE SUITE 300
City FORT LAUDERDALE FL Zip Code 33334

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. (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	BASS, DAVID J	
STREET ADDRESS	2400 E. COMMERCIAL BLVD. #1200	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	VPD	☒ Delete
NAME	SCHLEIFER, JOEL	
STREET ADDRESS	2800 W. OAKLAND PARK BLVD. #109	
CITY-ST-ZIP	FORT LAUDERDALE E 33311	
TITLE	SD	☒ Delete
NAME	MCIVER, STU	
STREET ADDRESS	895 N.E. 26TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	TD	☒ Delete
NAME	SHERMAN, KIM D	
STREET ADDRESS	2400 E. OAKLAND PARK BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33306	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☐ Change ☐ Addition
NAME	JOEL SCHLEIFER	
STREET ADDRESS	2800 W. OAKLAND PARK BLVD #109	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	VPD	☐ Change ☐ Addition
NAME	STU MCIVER	
STREET ADDRESS	895 NE 26TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	SD	☐ Change ☐ Addition
NAME	BJ WILLIAMS	
STREET ADDRESS	21 ROYAL PALM WAY #606	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	TD	☐ Change ☐ Addition
NAME	FRED GINSBERG	
STREET ADDRESS	2071 COZUMEL COURT	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date Daytime Phone #

CR2E037 (9/99)