

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-07-2001 90023 014 ****61.25

DOCUMENT # 752698

1. Entity Name

THE BUSINESS FORUM, INC.

Principal Place of Business

Mailing Address

P O BOX 10145
 POMPANO BEACH FL 33061

P O BOX 10145
 POMPANO BEACH FL 33061

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

59-2554230

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

Name

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

City

FL

Zip Code

**SHERMAN, KIM DOUGLAS
 1000 CORPORATE DR
 STE 300
 FORT LAUDERDALE FL 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

TITLE	SD	☐ Delete
NAME	WILLIAMS, B J	
STREET ADDRESS	21 ROYAL PALM WAY #606	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	PD	☒ Delete
NAME	SCHLEIFER, JOEL	
STREET ADDRESS	2800 W. OAKLAND PARK BLVD. #109	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	VD	☐ Delete
NAME	MCIVER, STU	
STREET ADDRESS	895 N.E. 26TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	TD	☒ Delete
NAME	GINSBERG, FRED	
STREET ADDRESS	20371 COZUMEL CT	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	☒ Change ☐ Addition
NAME	WILLIAMS, B J	
STREET ADDRESS	21 ROYAL PALM WAY #606	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	☒ Change ☐ Addition
NAME	MCIVER, STU	
STREET ADDRESS	895 N.E. 26TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	TD	☐ Change ☒ Addition
NAME	HARESH HAAPALANI	
STREET ADDRESS	4420 G NE 20TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE	SD	☐ Change ☒ Addition
NAME	DAVID GASS	
STREET ADDRESS	4400 N. FEDERAL HWY	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33061	
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: **4/25/01 956-491-8777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)