

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

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90164 001 \*\*\*\*61.25

**DOCUMENT # 752698**

1. Entity Name

**THE BUSINESS FORUM, INC.**



Principal Place of Business

P O BOX 10145  
POMPANO BEACH FL 33061

Mailing Address

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SHERMAN, KIM DOUGLAS**  
**1000 CORPORATE DR**  
**STE 300**  
**FORT LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GANNON, MARC J DR.	
STREET ADDRESS	5333 N DIXIE HWY. #101	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, JEFF	
STREET ADDRESS	100 E SAMPLE ROAD, #220	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HARPALANI, HARESH	
STREET ADDRESS	4420 G NE 20TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DOYK, KATHLEEN	
STREET ADDRESS	4701 N FEDERAL HWY, #312	
CITY-ST-ZIP	POMPANO BEACH FL 33066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFF Brown	
STREET ADDRESS	100 E. Sample Road #220	
CITY-ST-ZIP	Pompano Beach FL 33064	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID BASS	
STREET ADDRESS	1200 S. PINE ISLAND ROAD #450	
CITY-ST-ZIP	Plantation FL 33324	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. WILLIAMS	
STREET ADDRESS	3011 ROCK ISLAND ROAD	
CITY-ST-ZIP	HAMBURG FL 33063	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMY ENNIS	
STREET ADDRESS	6220 N. FEDERAL HWY	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
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: *[Signature]* **NOT REQUIRED**

**7/8/03** **423-2000**

CR2E037 (10/02)