

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90130 004 ****61.25

DOCUMENT # 752702

1. Entity Name

TOWER FORUM, INC.

Principal Place of Business

Mailing Address

P O BOX 39564
 FT LAUDERDALE FL 33339

P O BOX 39564
 FT LAUDERDALE FL 33339-9564

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

59-2194903

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

KEARSON, PATRICIA
2666 N.E. 35 DRIVE
FORT LAUDERDALE FL 33308-6314

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.

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 | D | <input type="checkbox"/> Delete |
| NAME | KEARSON, PATRICIA | |
| STREET ADDRESS | 2666 N.E. 35 DRIVE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33308-6314 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | KOCH, KATHY | |
| STREET ADDRESS | 2455 E SUNRISE BLVD STE 711 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33304 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | GUSTAFON, JOEL K | |
| STREET ADDRESS | 1 E. BROWARD BLVD., 13TH FLOOR | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33301 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | SAME | |
| CITY-ST-ZIP | | |
| TITLE | NANCY BLOCK | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1044 NE 15 Ave | |
| STREET ADDRESS | 36 LAUDERDALE FL 33304 | |
| CITY-ST-ZIP | | |
| TITLE | DR ROBERT EASTON | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2708 E-OAKLAND PARK BLVD. | |
| STREET ADDRESS | 36 LAUDERDALE FL 33302 | |
| CITY-ST-ZIP | | |
| 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 | | |
| 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: *Patricia Kearson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2000 954-563-2214
 Date Daytime Phone #