

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90074 007 ****61.25

DOCUMENT # 756230

1. Entity Name

BROWARD ASSOCIATION OF THE BLIND, INC.

Principal Place of Business

ATTN: RICHARD GIOMBETTI
 412 SOUTH CYPRESS ROAD
 POMPANO BEACH FL 33060

Mailing Address

ATTN: RICHARD GIOMBETTI
 412 SOUTH CYPRESS ROAD
 POMPANO BEACH FL 33060

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

59-6162067

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

BAGWELL, ROSE
3505 POLK ST.
HOLLYWOOD FL 33021

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 PD ☒ Delete
 NAME SLAGEL, TWILA
 STREET ADDRESS 9391 S BELFONTE CIR
 CITY-ST-ZIP TAMARAC FL 33321

TITLE PD ☐ Change ☒ Addition
 NAME NOSTRA, MARGUERITE
 STREET ADDRESS 7352 ASHMONTE CIR
 CITY-ST-ZIP TAMARAC FL 33321

TITLE VD ☒ Delete
 NAME GIOMBETTI, RICHARD
 STREET ADDRESS 412 S CYPRESS RD
 CITY-ST-ZIP POMPANO BCH FL 33060

TITLE VD ☐ Change ☒ Addition
 NAME SLAGEL, TWILA
 STREET ADDRESS 9391 S BELFONTE CIR
 CITY-ST-ZIP TAMARAC FL 33321

TITLE VD ☐ Delete
 NAME HIBNER, SUE A
 STREET ADDRESS 2801 NW 107 AVE
 CITY-ST-ZIP CORAL SPGS FL 33065

TITLE VD ☒ Change ☐ Addition
 NAME HIBNER, SUE A
 STREET ADDRESS 10735 CLAIRMONTE CIR
 CITY-ST-ZIP TAMARAC FL 33321

TITLE VD ☒ Delete
 NAME NOSTRA, MARGUERITE
 STREET ADDRESS 7352 ASHMONTE CIR
 CITY-ST-ZIP TAMARAC FL 33321

TITLE VD ☐ Change ☒ Addition
 NAME MARSHALL, PAULA
 STREET ADDRESS 1520 NW 111th AV
 CITY-ST-ZIP PEMBROKE PINES FL 33312

TITLE TD ☐ Delete
 NAME JOHNSON, VERA
 STREET ADDRESS 4303 BUCHANAN ST.
 CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME SIEGEL, ELAINE
 STREET ADDRESS 10809 W. CLAIRMONTE CIRCLE
 CITY-ST-ZIP TAMARAC FL

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: *Vera Johnson* REVEREND Johnson

4-25-01 954-964-1925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)