

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756230

1. Entity Name

BROWARD ASSOCIATION OF THE BLIND, INC.

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90473 023 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

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

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 NOSTRA, MARGUERITE
STREET ADDRESS 7352 ASHMONTE CIRCLE
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE VD ☐ Delete
NAME SLAGEL, TWILA
STREET ADDRESS 9391 S BELFONTE CIRCLE
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE VD ☐ Delete
NAME HIBNER, SUE A
STREET ADDRESS 10735 CLAIRMONTE CIRCLE
CITY-ST-ZIP FORT LAUDERDALE FL 33321

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

TITLE VD ☐ Delete
NAME MARSHALL, PAULA
STREET ADDRESS 1520 NW 111TH AVENUE
CITY-ST-ZIP PEMBROKE PINES FL 33312

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

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 L. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vera L. Johnson 5/1/2002 754-964-1925

CR2E037 (9/01)