

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765309

1. Entity Name

BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90135 048 ****61.25

Principal Place of Business 915 MIDDLE RIVER DRIVE, STE 303 SUITE 521 FORT LAUDERDALE FL 33304 US	Mailing Address 915 MIDDLE RIVER DRIVE, STE 303 SUITE 521 FORT LAUDERDALE FL 33304-3560 US
---	--

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 59-2274772	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired. ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WERNER, JOHN H.
915 MIDDLE RIVER DRIVE
SUITE 521
FT. LAUDERDALE FL 33304-0561

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.

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	VD	<input type="checkbox"/> Delete
NAME	KRAYER, ANTHONY C. III	
STREET ADDRESS	340 W. TROPICAL WAY	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, BERNIE	
STREET ADDRESS	311 STIRLING ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TUPLER, AUSTIN	
STREET ADDRESS	6570 S W 47TH CT	
CITY-ST-ZIP	DAVIE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TUPLER, AUSTIN	
STREET ADDRESS	6570 SW 47 COURT	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PERMISSION, SIDNEY	
STREET ADDRESS	9500 NW 25 COURT	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" 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		
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #