

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769725

1. Entity Name

BROWARD EDUCATION FOUNDATION, INC.

Principal Place of Business

600 SE 3 AVENUE, 8TH FLOOR
FT LAUDERDALE FL 33301
US

Mailing Address

600 SE 3 AVENUE, 8TH FLOOR
FT LAUDERDALE FL 33301
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

59-2359433

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

LONG, MICHAEL
600 SE 3RD AVE
FORT LAUDERDALE FL 33301

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 D ☐ Delete
NAME EAGON, DOUGLAS P
STREET ADDRESS 6400 N ANDREWS AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33317

TITLE SD ☐ Delete
NAME CORINA, BITON
STREET ADDRESS SUNTRUST-501 E. LAS OLAS
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE TD ☐ Delete
NAME PICHA, STEVE
STREET ADDRESS 7080 NW 4TH STREET
CITY-ST-ZIP PLANTATION FL 33317

TITLE D ☐ Delete
NAME JORDAN, SCOTT
STREET ADDRESS 110 SE 6TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE M ☐ Delete
NAME LONG, MICHAEL
STREET ADDRESS 600 SE 3RD AVE., 8TH FLOOR
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE C/D ☐ Delete
NAME MILLER, VIRGINIA I
STREET ADDRESS 614 S FEDERAL HIGHWAY
CITY-ST-ZIP FORT LAUDERDALE FL 33301

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90026 037 ****61.25

A0006714



DO NOT WRITE IN THIS SPACE

0044959

CR2E037 (10/00)