

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91439 022 ****61.25

DOCUMENT # N00000000988

1. Entity Name
THE NATIONAL SPECIAL NEEDS NETWORK FOUNDATION, I
NC.



Principal Place of Business

8041 WEST MCNAB RD.
TAMARAC FL 33321

Mailing Address

8041 WEST MCNAB RD.
TAMARAC FL 33321

2. Principal Place of Business

4613 N. University Drive
Suite, Apt. #, etc.
#242

3. Mailing Address

4613 N. University Drive
Suite, Apt. #, etc.
#242

City & State

Coral Springs FL

Zip

33067

Country

US

City & State

Coral Springs FL

Zip

33067

Country

US

4. FEI Number 65-0981102

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINDE, JEFFREY ESQ.
8041 WEST MCNAB RD.
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name
Minde, Jeffrey H. Esq.
Street Address (P.O. Box Number is Not Acceptable)
4613 N. University Drive #242
City
Coral Springs
FL
Zip Code
33067

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jeffrey H. Minde, Esq.
Jeffrey H. Minde, Esq.

4/20/03
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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	MINDE, JEFFREY H ESQ.	
STREET ADDRESS	8041 WEST MCNAB RD.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	☒ Delete
NAME	COHN, L JERRY ESQ.	
STREET ADDRESS	8041 WEST MCNAB RD.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	☐ Delete
NAME	TUCKER, KENNETH S	
STREET ADDRESS	6100 GLADES RD.,STE.302	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	☐ Delete
NAME	MALLOY, THOMAS J	
STREET ADDRESS	409 E. 64TH STREET, #4E	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☒ Change ☐ Addition
NAME	Minde, Jeffrey H. Esq.	
STREET ADDRESS	4613 N. University Drive #242	
CITY-ST-ZIP	Coral Springs FL 33067	
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)(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:

Jeffrey H. Minde, Esq.
Jeffrey H. Minde, Esq.
4/20/03
954-345-6165

CR2E037 (10/02)