

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 21, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90196 036 \*\*\*\*61.25

**DOCUMENT # N00000001151**

1. Entity Name

**FLORIDA AMPUTEE SUPPORT TEAM, INC.**

(L)

Principal Place of Business

**520 EAST CAMPUS CIRCLE  
 FT. LAUDERDALE FL 33312-1906**

Mailing Address

**520 EAST CAMPUS CIRCLE  
 FT. LAUDERDALE FL 33312-1906**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-1057419**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**O'BARR, NANCY GAYLE  
 520 EAST CAMPUS CIRCLE  
 FT. LAUDERDALE FL 33312-1906**

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	D	<input type="checkbox"/> Delete
NAME	O'BARR, NANCY GAYLE	President
STREET ADDRESS	520 EAST CAMPUS CIRCLE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312-1906	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, JAY	Vice-President
STREET ADDRESS	1701 SW 4TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312-7528	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOTTA, GUS	Secretary
STREET ADDRESS	1881 NE 65TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODWARD, MICHAEL	Treasurer
STREET ADDRESS	1721 NE 42ND COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOLDBERT, ALEX	
STREET ADDRESS	9907 MALVERN DRIVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLEINMAN, KAREN	
STREET ADDRESS	5712 GUAVA DRIVE	
CITY-ST-ZIP	TAMARAC FL 33319	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SALEK, DENICE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7500 NW 96 Terr	Director
STREET ADDRESS	Tamarac, FL 33331	
CITY-ST-ZIP		
TITLE	LANDSMAN, CHARLES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9633 N. Belfort Cir.	Director
STREET ADDRESS	Tamarac, FL 33321	
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:

*Nancy Gayle O'Barr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 24, 2001*

Date

Daytime Phone #

*(954) 587-4469*

CR2E037 (10/00)