

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001944

1. Entity Name

THE INTERNATIONAL GAY & LESBIAN CHARITABLE TRUST

Principal Place of Business

1000 S. OCEAN BLVD., 7-N  
POMPANO BEACH FL 33062

Mailing Address

1000 S. OCEAN BLVD., 7-N  
POMPANO BEACH FL 33062

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

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

HALLERAN, ROBERT B ESQ.  
1920 E. HALLANDALE BEACH BLVD., STE. 701  
HALLANDALE FL 33009

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
HASSAN, H. RICHARD  
1000 S. OCEAN BLVD., 7-N  
POMPANO BEACH FL 33062

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WHITNEY, JASON F III  
4441 NW 72ND TERR.  
LAUDERHILL FL 33319

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
PAINTER, CHRISTOPHER S  
4441 NW 72ND TERR.  
LAUDERHILL FL 33319

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 #

04/30/01 954-942-9117

5/1

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

05-15-2001 90180 006 \*\*\*\*66.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)