

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91175 043 \*\*\*\*70.00

**DOCUMENT # N00000002308**

1. Entity Name

**OPEN SYSTEMS DATABASE ASSOCIATION INC.**

Principal Place of Business

Mailing Address

**3803 LITTLE AVE.  
 COCONUT GROVE FL 33133**

**3803 LITTLE AVE.  
 COCONUT GROVE FL 33133**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1060177**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**POWERS, JOHN W  
 3803 LITTLE AVE.  
 COCONUT GROVE FL 33133**

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 PD  
 NAME HOLLAR, MICHAEL ☐ Delete  
 STREET ADDRESS 6201 U.S. 41 NORTH, #2222  
 CITY-ST-ZIP PALMETTO FL 34221

TITLE PD ☒ Change ☐ Addition  
 NAME DAN MADDEN  
 STREET ADDRESS 8501 N.W. 51 PLACE  
 CITY-ST-ZIP CORAL SPRINGS, FL. 33067

TITLE VD ☐ Delete  
 NAME SANDERS, RALPH  
 STREET ADDRESS 900 S.W. 11 AVE.  
 CITY-ST-ZIP FT. LAUDERDALE FL 33315

TITLE VD ☒ Change ☐ Addition  
 NAME JUDY MORETTI  
 STREET ADDRESS 3545 LITTLE PINE LANE  
 CITY-ST-ZIP LAKE WORTH, FL. 33467

TITLE SD ☐ Delete  
 NAME HOLDSWORTH, DONNA  
 STREET ADDRESS 4641 S.W. 28 AVE.  
 CITY-ST-ZIP FT. LAUDERDALE FL 33312

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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:

*John W. Powers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02 305 444 4286**

Date

Daytime Phone #

CR2E037 (9/01)