

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90061 024 \*\*\*\*61.25

**DOCUMENT # N00000006498**

1. Entity Name

**FUND FOR HUMANITY, INC.**

Principal Place of Business

**9563 WELDON CIRCLE #208  
TAMARAC FL 33321**

Mailing Address

**9563 WELDON CIRCLE #208  
TAMARAC FL 33321**

2. Principal Place of Business

**ABOVE**

3. Mailing Address

**ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1045105**

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

**PHILLIPS, JANET  
8741 NW 57TH STREET  
TAMARAC FL 33351**

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 **DP** ☐ Delete  
NAME **FRANKLIN, LARRY R**  
STREET ADDRESS **9563 WELDON CIRCLE #208**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **JERRY LAYTON**  
STREET ADDRESS **9563 WELDON CIRCLE #309**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **DS** ☐ Delete  
NAME **GARDNER, HERMAN**  
STREET ADDRESS **4100 GALT OCEAN DRIVE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

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

TITLE **DT** ☐ Delete  
NAME **POLLACK, NEIL**  
STREET ADDRESS **19976 MONA CIRCLE**  
CITY-ST-ZIP **BOCA RATON FL 33484**

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

TITLE **D** ☐ Delete  
NAME **PLOTNICK, ROBIN L**  
STREET ADDRESS **1554 SHERWOOD RD**  
CITY-ST-ZIP **HIGHLAND PARK IL 60035**

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

TITLE **D** ☐ Delete  
NAME **FRANKLIN, THOMAS D**  
STREET ADDRESS **239 57TH COURT**  
CITY-ST-ZIP **WEST DES MOINES IA**

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

TITLE **D** ☒ Delete  
NAME **KARVWATT, CHARLES**  
STREET ADDRESS **1150 74TH AVE**  
CITY-ST-ZIP **MARGATE FL 33063**

**DECEASED**

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:

**NEIL POLLACK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/11/02**  
Date

**954-721-0729**  
Daytime Phone #

CR2E037 (9/01)