

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00467

1. Entity Name

THE SCOLIOSIS ASSOCIATION OF SOUTH FLORIDA, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90112 008 ****61.25

Principal Place of Business

Mailing Address

C/O JANICE T. SACKS
 4881 NW 5TH LANE
 BOCA RATON FL 33431

C/O JANICE T. SACKS
 4881 NW 5TH LANE
 BOCA RATON FL 33431-4625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2453670

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SACKS, STANLEY E.
4881 NW 5TH LANE
BOCA RATON FL 33431

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: VPD Delete
 NAME: SACKS, STANLEY E.
 STREET ADDRESS: 4881 NW 5TH LANE
 CITY-ST-ZIP: BOCA RATON FL

TITLE: Change Addition
 NAME: Dorothy Berger
 STREET ADDRESS: 320 Plaza Real #319
 CITY-ST-ZIP: Boca Raton, FL 33432

TITLE: DV Delete
 NAME: GOODMAN, ELEANOR
 STREET ADDRESS: 2900 NE 14 ST #812
 CITY-ST-ZIP: POMPANO BCH FL

TITLE: Change Addition
 NAME: J. Louis Berger
 STREET ADDRESS: 320 Plaza Real #319
 CITY-ST-ZIP: Boca Raton, FL 33432

TITLE: T Delete
 NAME: MALLMAN, JOAN
 STREET ADDRESS: 2033 N.E. 22 ST.
 CITY-ST-ZIP: MILTON MANORS FL

TITLE: Change Addition

TITLE: PD Delete
 NAME: SACKS, JANICE T.
 STREET ADDRESS: 4881 N.W. 5TH LANE
 CITY-ST-ZIP: BOCA RATON FL

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

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 REQUIRED*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000 (561) 368-7666
 Date Daytime Phone #

CR2E037 (9/99)