NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
02-17-2002 90107 002 ****61.25

DOCUMENT # N01000000505

1. Entity Name

HENDERSON CONNECTIONS, INC.

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18974

2. Principal Place of Business	3. Mailing Address
4850 N STATE RD 7	4740 N STATE RD 7
Suite, Apt. #, etc.: SUITE 126	Suite, Apt. #, etc.: SUITE 201
City & State: FORT LAUDERDALE FL	City & State: FORT LAUDERDALE FL
Zip: 33319 Country: US	Zip: 33319 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1072726 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: RONIK, STEVE

Street Address (P.O. Box Number is Not Acceptable): 4740 N STATE ROAD 7

SUITE 201

City: FORT LAUDERDALE FL Zip Code: 33319

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

FEE IS $61.25 Initial or Amended UBR

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	P/D
NAME	FIELD, ROBERT A JR
STREET ADDRESS	4324 NE 6 AVENUE
CITY-ST-ZIP	FORT LAUDERDALE FL 33334
TITLE	V/D
NAME	CALDWELL, MARY
STREET ADDRESS	4653 N UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL 33067
TITLE	S/D
NAME	GUSTAFSON, JOEL
STREET ADDRESS	1 E BROWARD BLVD STE 1300
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	T/D
NAME	LEE, CAROLYN J
STREET ADDRESS	200 E BROWARD BLVD
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	D
NAME	DUNCANSON, CAROLE
STREET ADDRESS	1044 HARRISON STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3-1-02 (954)486-4005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #