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2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an ac

SIGNATURE:

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # N0100006303 1. Entity Name GLSEN GREATER FORT LAUDERDALE, INC. 04-09-2002 90023 029 ****70.00 Principal Place of Business Mailing Address 2008 RIVERSIDE PL. #2 2008 RIVERSIDE PL., #2 WILTON MANORS FL 33305-2257 WILTON MANORS FL 33305-2257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Numbe Applied For 65-0866987 Not Applicable Zip Country Country_ ==== \$8.75 Additional 5. Certificate of Status Desired M Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TRANTALIS, DEAN J 2255 WILTON DR. WILTON MANORS FL 33305 Zip Code FL 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 9. Election Campaign Financing FILE NOW: FEE IS \$61,25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE 📈 Delete TITLE ☐ Change Addition CORBITT, GARY NAME NAME STREET ADDRESS 101 TWEEDBROOK LANE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021-2981 CITY-ST-ZIP TITLE 🔽 Delete TITLE Change ☐ Addition DONAHUE, CHRISTINE NAME NAME STREET ADDRESS 1128 NE 13TH AVE. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33304 CITY-ST-ZIP-TITLE ☐ Delete ☐ Addition PALAZZO, DENISE NAME STREET ADDRESS 3016 S. OAKLAND FOREST DR., #2904 16 S. DAKLAND Forest Dr., It. Landerdale FL 33309 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33309 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME RECORD, MICHAEL NAME STREET ADDRESS 3680 INVERRARY DR., #3-I STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RIDEOUT, RAYMOND NAME NAME STREET ADDRESS 2008 RIVERSIDE PL., #2 STREET ADDRESS CITY-ST-ZIP WILTON MANORS FL 33305 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME WITTMAN, ARTHUR NAME STREET ADDRESS 520 SW 9TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ft. Lauderdale fl 33315 12. I hereby certify that the information supplied with his 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 employered to execut his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee employered to execut his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee employered to execut his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee employered to execut his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee employered to execut his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee employered to execut his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee employered to execut his report as required by Chapter 617, Florida Statutes.