


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90144 045 \*\*\*\*70.00

**DOCUMENT # N02000005459**

1. Entity Name  
**A.L.S. RESEARCH FOUNDATION OF SOUTH FLORIDA, INC**



Principal Place of Business  
**19402 CHAPEL CREEK DRIVE  
BOCA RATON FL 33434**

Mailing Address  
**19402 CHAPEL CREEK DRIVE  
BOCA RATON FL 33434**

2. Principal Place of Business  
**19402 CHAPEL CREEK DR**

3. Mailing Address  
**19402 CHAPEL CREEK DR**

Suite, Apt. #, etc.

City & State  
**BOCA RATON F**

City & State  
**BOCA RATON FL**

Zip  
**33434**

Country  
**PALM BEACH**

Zip  
**33434**

Country  
**PALM BEACH**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **55-0787161**

Applied For  
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**JACOBSON, ALLEN**  
**19402 CHAPEL CREEK DRIVE**  
**BOCA RATON FL 33434**

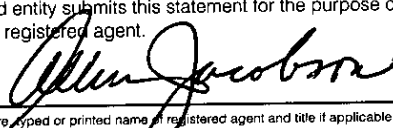
7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **1/4/03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25  
**TOTAL \$ 70.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERNSTEIN, JACK</b> <b>19939 BOCA WEST DRIVE #3153</b> <b>BOCA RATON FL 33434</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JACOBSON, ALLEN</b> <b>19402 CHAPEL CREEK DRIVE</b> <b>BOCA RATON FL 33434</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOLLINS, ANTHONY</b> <b>19301 CEDAR GLEN DRIVE</b> <b>BOCA RATON FL 33434</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PHILIP DECTER</b> <b>19612 PLANTERS POINT DR</b> <b>BOCA RATON FL 33434</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOWARD HIRSCH</b> <b>7 STONEHEDGE TERR</b> <b>LIVINGSTON N.J 07039</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JULIAN SHAPS</b> <b>19612 BAY COVE DR</b> <b>BOCA RATON FL 33434</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **1/4/03** **361 487-5156**

CR2E037 (10/02)