

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90035 040 \*\*\*\*61.25

**DOCUMENT # N05751**

1. Entity Name **BUSINESS ASSOCIATES OF BROWARD COUNTY, INC.**

**BUSINESS ASSOCIATES OF BROWARD COUNTY, INC.**

Principal Place of Business

Mailing Address

6365 TAFT ST  
 STE 3003  
 HOLLYWOOD FL 33024  
 US

6365 TAFT ST  
 STE 3003  
 HOLLYWOOD FL 33024-5960  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2443834**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CIRULLO, MICHAEL D JR**  
**3099 E COMMERCIAL BLVD**  
**STE 200**  
**FT LAUDERDALE FL 33308**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HARVEY, GRESHAM, JR</b>	
STREET ADDRESS	<b>3501 NW 29TH ST</b>	
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>LAWLESS, JOHN</b>	
STREET ADDRESS	<b>897 NW 83RD DR.</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>TEE GARDEN, STEVE</b>	
STREET ADDRESS	<b>41010 N.E. 26 TERRACE</b>	
CITY-ST-ZIP	<b>LIGHTHOUSE PT FL</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>CIRULLO, MICHAEL D JR</b>	
STREET ADDRESS	<b>3099 EAST COMMERCIAL BLVD, STE 200</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	
TITLE	I	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John Lancaster</b>	
STREET ADDRESS	<b>6365 Taft ST Suite 3003</b>	
CITY-ST-ZIP	<b>Hollywood, FL 33024</b>	
TITLE	D. Linda Mannix-Burt	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2810 E. Oakland Park Blvd</b>	
CITY-ST-ZIP	<b>Fort Lauderdale, FL 33306</b>	

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: J. CIRULLO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-2000 9547536391**  
 Date Daytime Phone #