

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90047 033 ****61.25

DOCUMENT # N05751

1. Entity Name

BUSINESS ASSOCIATES OF BROWARD COUNTY, INC.

Principal Place of Business

6365 TAFT ST
 STE 3003
 HOLLYWOOD FL 33024
 US

Mailing Address

6365 TAFT ST
 STE 3003
 HOLLYWOOD FL 33024
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2443834

Applied For

Not Applicable

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **HARVEY, GRESHAM, JR**
 STREET ADDRESS **3501 NW 29TH ST**
 CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **LAWLESS, JOHN**
 STREET ADDRESS **897 NW 83RD DR.**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **CIRULLO, MICHAEL D JR**
 STREET ADDRESS **3099 EAST COMMERCIAL BLVD, STE 200**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☒ Delete
 NAME **LANEASTER, JOHN**
 STREET ADDRESS **6365 TAFT ST STE 3003**
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Ernie Hartman**
 STREET ADDRESS **6365 Taft St. Suite 3003**
 CITY-ST-ZIP **Hollywood, FL 33024**

TITLE **D** ☐ Delete
 NAME **MANNIX-BURT, LINDA**
 STREET ADDRESS **2810 E. OAKLAND PK BLVD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *John Lawless*

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

1-24-2001

954 753 1740

CR2E037 (10/00)