

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90068 044 \*\*\*\*61.25

**DOCUMENT # N05751**

1. Entity Name

**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  
 US

2. Principal Place of Business

3. Mailing Address

897 NW 83 DR

897 NW 83 DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip 33071

Country USA

Zip 33071

Country USA

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PD  
 NAME HARTMAN, ETHIE  
 STREET ADDRESS 6365 TAFT ST. SUITE 3003  
 CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 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* Treasurer 954 753 1740 1/20/2002

CR2E037 (9/01)