2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
03-27-2001 90039 020 ****61.25

DOCUMENT # N11295

1. Entity Name

BRAIN INJURY ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
201 EAST SAMPLE ROAD NO. BROWARD MEDICAL CENTER POMPANO BEACH FL 33064	201 EAST SAMPLE ROAD NO. BROWARD MEDICAL CENTER POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

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 59-2611863 ☐ 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
MURPHY, T.N,., JR. 980 N. FED. HWY. #410 BOCA RATON FL 33432	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROCCHIO, CAROLYN A. 1428 SE 12TH STREET DEERFIELD BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Joy A. Foss 3201 Spainwood Drive Sarasota, FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LEVITT, ROBERT DR. ~~2200 BARRISTER DRIVE~~ 10318 SW22 AVE ~~BOCA RATON FL~~ GAINESVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAZUK, ELYNOR 201 E SAMPLE RD POMPANO BCH FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BROWN, BERT 325 SABLE PATH PL #103 LONGWOOD FL 32779	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED R.A. Levitt 3/22/01 954-786-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

#N11295
733781

BRAIN INJURY ASSOCIATION OF FLORIDA, INC.
201 EAST SAMPLE ROAD
POMPANO BEACH, FL 33064
FAX (954) 786-2437
PHONE (954) 786-2400

FACSIMILE TRANSMITTAL SHEET

TO: Dr. Levitt	FROM: Paula McChristian
COMPANY:	DATE: 3/22/01
FAX NUMBER: 352-333-6324	TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: Uniform Business Report	YOUR REFERENCE NUMBER:

☐ URGENT ☑ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

Good afternoon, Dr. Levitt. May we use your signature stamp on our annual Uniform Business report? A copy follows for your review.

Thanks for your time.

Yes - but
Please update
my address