

DOCUMENT # N14102

1. Entity Name

THE BROWARD ALLIANCE, INC.

FILED
Apr 16, 2000 8:00 am
Secretary of State

01-13-2000 90040 046 ****70.00

Principal Place of Business

Mailing Address

350 SE 2ND ST
 STE 400
 FT. LAUDERDALE FL 33301
 US

350 SE 2ND ST
 STE 400
 FT. LAUDERDALE FL 33301-1919
 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

59-2697760

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

LANGLEY, F M
 350 SE 2ND ST
 STE 400
 FT. LAUDERDALE FL 33301

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 PD
 NAME LANGLEY, F M
 STREET ADDRESS 350 SE 2ND ST STE 400
 CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Delete

TITLE T
 NAME GREENSKIN, RON
 STREET ADDRESS 2505 DAHOON AVE.
 CITY-ST-ZIP COCONUT CREEK FL 33063 ☒ Delete

TITLE DS
 NAME INGATE, JEROME
 STREET ADDRESS 4400 NORTH FEDERAL HIGHWAY
 CITY-ST-ZIP LIGHTHOUSE POINT FL ☒ Delete

TITLE C
 NAME INGATE, JEROME T
 STREET ADDRESS 4400 N FEDERAL HWY
 CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☒ Delete

TITLE TS
 NAME MACK, WILHEMENA
 STREET ADDRESS 2101 W COMMERCIAL BLVD, STE 2000
 CITY-ST-ZIP FT. LAUD FL ☐ Delete

TITLE TS
 NAME GREENSTEIN, RON
 STREET ADDRESS 1500 NW 49TH ST STE 402
 CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Secretary
 NAME A. Paul Anderson
 STREET ADDRESS 100 NW 12th Avenue
 CITY-ST-ZIP Deerfield Beach, Fla 33443 ☐ Change ☒ Addition

TITLE Treasurer
 NAME Lonnie Maier
 STREET ADDRESS 6451 N. Federal Highway #1220
 CITY-ST-ZIP Ft. Lauderdale, FL 33308 ☐ Change ☒ Addition

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

TITLE Chair
 NAME Dr. Wilhelmena Mack
 STREET ADDRESS Address Same
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE Vice Chair
 NAME Rest is same
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ 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

Michael Langley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Langley 1/12/2000

954-524-3113

Date

Daytime Phone #

CR2E037 (9/99)