

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-03-2002 90167 035 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14102

1. Entity Name

THE BROWARD ALLIANCE, INC.

Principal Place of Business

300 SE 2ND ST
STE 780
FT. LAUDERDALE FL 33301
US

Mailing Address

300 SE 2ND ST
STE 780
FT. LAUDERDALE FL 33301
US

42010

2. Principal Place of Business

300 SE 2nd Street

Suite, Apt. #, etc.

Suite 780

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA

3. Mailing Address

300 SE 2nd Street

Suite, Apt. #, etc.

Suite 780

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA

DO NOT WRITE IN THIS SPACE

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

WOOD, AJ CHRISTOPHER
300 SE 2ND STREET
SUITE 780
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Joan K. Goodrich

Street Address (P.O. Box Number is Not Acceptable)

300 SE 2nd Street

Suite 780

City

Fort Lauderdale FL

Zip Code

33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joan K. Goodrich

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/22/02

After September 13, 2002,
min. will be \$236.25.

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
WOOD, AJ CHRISTOPHER
300 SE 2ND STREET, STE 780
FORT LAUDERDALE FL 33301

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ANDERSON, A. PAUL
100 NW 12TH AVENUE
DEERFIELD BEACH FL 33443

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MAIER, LONNIE
6451 N FEDERAL HIGHWAY # 1220
FORT LAUDERDALE FL 33308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MAIER, LONNIE
13450 W SUNRISE BLVD. STE 600
SUNRISE FL 33323

☒ Delete

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BEHAR, LARRY
8888 SE 3RD AVENUE S-400
FORT LAUDERDALE FL 33316

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President / CEO
Joan K. Goodrich
300 SE 2nd Street, Ste 780
Fort Lauderdale, FL 33301

☒ Change ☐ Addition

D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chair
Anderson, A. Paul
100 NW 12th Avenue
Deerfield Beach, FL 33443

☒ Change ☐ Addition

D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice Chair
Lonnice Maier
6450 NW 19th Street Ste 600
Miami, FL 33126

☒ Change ☐ Addition

D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Larry Behar
8888 SE 3rd Avenue S-400
Fort Lauderdale, FL 33316

☒ Change ☐ Addition

D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Howard Greenberg
353 SW 12th Avenue
Deerfield Beach, FL 33442-3196

☒ Change ☐ Addition

D

TITLE
NAME
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:

JOAN K. GOODRICH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/02

954/524-3113

DATE

Daytime Phone #

CR2E037 (4/02)

9/15/02