

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19175

1. Entity Name

THE BROWARD COUNTY MEDICAL ASSOCIATION ALLIANCE

Principal Place of Business

5101 N.W. 21ST AVE.  
#440  
FT. LAUDERDALE FL 33309  
US

Mailing Address

5101 N.W. 21ST AVE.  
#440  
FT. LAUDERDALE FL 33309-2731  
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

65-0710590

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

PETERSON, CYNTHIA S  
5101 NW 21 AVE  
SUITE #440  
FT. LAUDERDALE FL 33309

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 PD ☒ Delete  
NAME RUSSO, BETSY  
STREET ADDRESS 2656 N.E. 37TH DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE PD ☐ Delete  
NAME MARCUS, ROCHELLE  
STREET ADDRESS 6058 NW 71ST TERRACE  
CITY-ST-ZIP PARKLAND FL 33067

TITLE RDS ☐ Delete  
NAME AST, PARK  
STREET ADDRESS 6180 S.W. 51ST COURT  
CITY-ST-ZIP DAVIE FL 33314

TITLE TD ☒ Delete  
NAME BUHLER, LYNN  
STREET ADDRESS 2705 WALKERS WAY  
CITY-ST-ZIP WESTON FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PED ☒ Change ☐ Addition  
NAME Grenitz, Anne  
STREET ADDRESS 11041 NW 7th St  
CITY-ST-ZIP Plantation, FL 33324

TITLE TED ☒ Change ☐ Addition  
NAME BELETTE, IYETTE  
STREET ADDRESS 2488 PINCLARA LANE  
CITY-ST-ZIP Weston, FL 33324

TITLE ☒ Change ☐ Addition  
NAME MARCUS, ROCHELLE  
STREET ADDRESS 6058 NW 71st Terr  
CITY-ST-ZIP Parkland, FL 33067 PD

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

TITLE ☐ Change ☐ Addition  
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:

*Lynn Buhler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 30, 2000 8:00 am  
Secretary of State

03-30-2000 90028 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2F037 (9/99)