

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90248 006 ****61.25

DOCUMENT # N22230

1. Entity Name

**REALTOR ASSOCIATION OF GREATER FORT LAUDERDALE C
HARITABLE FOUNDATION, INC.**



Principal Place of Business

**1765 N.E. 26TH STREET
FORT LAUDERDALE FL 33305-1438
US**

Mailing Address

**1765 N.E. 26TH STREET
FORT LAUDERDALE FL 33305-1438
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0003512**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIMMONS, STEPHEN J ESQ.
321 S.E. 15TH AVENUE
FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name: ~~Same agent~~ -- address change only

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

1401 E. Broward Blvd., Suite 200

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

2/13/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CLAUDETTE BRUCK**
STREET ADDRESS **6610 N UNIV DR, STE 200**
CITY-ST-ZIP **TAMARAC FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Evelyn J. DeCeasare**
STREET ADDRESS **3430 Galt Ocean Dr., #1111**
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE **D** ☒ Delete
NAME **JAMES NALL**
STREET ADDRESS **4611 N.E. 25 AVE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **D** ☐ Change ☒ Addition
NAME **Carol R. Metevier**
STREET ADDRESS **4280 Galt Ocean Dr., PH M**
CITY-ST-ZIP **Ft. Lauderdale, FL 33308-6147**

TITLE **VP** ☐ Delete
NAME **ANDERSON, MYRTLE T**
STREET ADDRESS **901 S.E. 17 ST, #206**
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE **D** ☐ Change ☒ Addition
NAME **Larry R. Rowe**
STREET ADDRESS **4412 E. Tradewinds Ave.**
CITY-ST-ZIP **Lauderdale-by-the-Sea, FL 33308**

TITLE **P** ☐ Delete
NAME **JOSEPH R MILLSAPS**
STREET ADDRESS **5300 N. FEDERAL HWY.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **D** ☐ Change ☒ Addition
NAME **R. Kay Warren**
STREET ADDRESS **7301 NW 4 Street, Ste. 102**
CITY-ST-ZIP **Plantation, FL 33317**

TITLE **ST** ☐ Delete
NAME **BALISTRERI, JAMES M**
STREET ADDRESS **3099 E. COMMERCIAL BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

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

TITLE **D** ☐ Delete
NAME **COHEN, TERRY**
STREET ADDRESS **850 RIVERSIDE DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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:

SIGNATURE REQUIRED

20 Feb 03 954 4894701

CR2E037 (10/02)