

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90195 029 \*\*\*\*61.25

**DOCUMENT # N24167**

1. Entity Name

**E.A.S.E. FOUNDATION, INC.**

Principal Place of Business

Mailing Address

6500 NOVA DR  
 DAVIE FL 33317  
 US

6500 NOVA DR  
 DAVIE FL 33317-7405  
 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

**65-0050648**

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

**KLEINRICHERT, JAMES E.**  
**6255 STERLING RD.**  
**DAVIE FL 33314**

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 **DP** ☐ Delete  
 NAME **OWEN, LINDA J.**  
 STREET ADDRESS **6591 SW 45TH STREET**  
 CITY-ST-ZIP **DAVIE FL**

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

TITLE **DT** ☐ Delete  
 NAME **CENCEBAUGH, SANDRA**  
 STREET ADDRESS **4431 SW 64TH AVE**  
 CITY-ST-ZIP **DAVIE FL**

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

TITLE **D** ☐ Delete  
 NAME **PIRIZ, JAY**  
 STREET ADDRESS **2301 N. UNIVERSITY DR.**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

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

TITLE **D** ☐ Delete  
 NAME **KLEINRICHERT, JIM**  
 STREET ADDRESS **6255 STERLING ROAD**  
 CITY-ST-ZIP **DAVIE FL**

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

TITLE **D** ☐ Delete  
 NAME **DEAN, SUSAN**  
 STREET ADDRESS **6591 SW 45TH STREET**  
 CITY-ST-ZIP **DAVIE FL**

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

TITLE **DS** ☒ Delete  
 NAME **DIXON, ROSETTA**  
 STREET ADDRESS **1773 N STATE ROAD 7**  
 CITY-ST-ZIP **LAUDERHILL FL**

TITLE **DS** ☒ Change ☐ Addition  
 NAME **Kent, Sharon**  
 STREET ADDRESS **6591 SW 45 Street**  
 CITY-ST-ZIP **Davie, FL 33314**

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:

*Linda J. Owen* **REQUIRE** Linda J. Owen

1-5-2000 (954) 797-1077

CR2E037 (9/99)