

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24167

1. Entity Name

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

FILED

Jan 18, 2002 8:00 am
Secretary of State

01-18-2002 90001 012 ****61.25

Principal Place of Business

5901 ORANGE DRIVE
DAVIE FL 33314
US

Mailing Address

6901 ORANGE DRIVE
DAVIE FL 33314
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
NAME OWEN, LINDA J.
STREET ADDRESS 6901 ORANGE DR
CITY-ST-ZIP DAVIE FL 33314 ☐ Delete

TITLE DT
NAME CENCEBAUGH, SANDRA
STREET ADDRESS 4431 SW 64TH AVE
CITY-ST-ZIP DAVIE FL 33314 ☒ Delete

TITLE DS
NAME STUART, SHACK
STREET ADDRESS 7800 SHERIDAN ST.
CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Delete

TITLE D
NAME SNYDER, BILL
STREET ADDRESS 7931 SW 45 ST.
CITY-ST-ZIP DAVIE FL 33325 ☐ Delete

TITLE D
NAME KLEINRICHERT, JIM
STREET ADDRESS 6255 STERLING RD
CITY-ST-ZIP DAVIE FL 33314 ☐ Delete

TITLE S
NAME PASQUALE, CARA
STREET ADDRESS 1800 N. DOUGLAS RD.
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

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

TITLE DT
NAME Felix, Robert
STREET ADDRESS 6791 Stirling Road
CITY-ST-ZIP DAVIE, FL 33314 ☐ Change ☒ Addition

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02 954-797-1077

CR2E037 (9/01)