

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24490

1. Entity Name

SOUTH FLORIDA NEUROFIBROMATOSIS ASSOCIATION, INC

Principal Place of Business

Mailing Address

201 EAST SAMPLE RD
POMPANO BCH FL 33064

201 EAST SAMPLE RD
POMPANO BCH FL 33064

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

65-0030434

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

STAFFORD, TRACY E.
2408 N.E. FIFTH AVENUE
WILTON MANORS FL 33305

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

After September 12, 2001, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GRADY, SANDRA C. E.
STREET ADDRESS 83 NE 20 ST
CITY-ST-ZIP WILTON MANORS FL

TITLE D
NAME STAFFORD, TRACY E.
STREET ADDRESS 2408 NE 5 AVENUE
CITY-ST-ZIP WILTON MANORS FL

TITLE D
NAME GIOVANELLI, JOYCE
STREET ADDRESS 5150 NE 26TH AVE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE TD
NAME DESANTO, DEBORAH
STREET ADDRESS 1161 SW 19 AVE
CITY-ST-ZIP BOCA RATON FL

TITLE D
NAME MURRAY, JOHN N
STREET ADDRESS 1092 SW 12 ROAD
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Sandra C. Grady

7-10-01 9545663667

FILED
Jul 16, 2001 8:00 am
Secretary of State

07-16-2001 90001 013 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)