

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24490

1. Entity Name

SOUTH FLORIDA NEUROFIBROMATOSIS ASSOCIATION, INC

FILED

Feb 15, 2002 8:00 am  
Secretary of State

02-15-2002 90005 021 \*\*\*\*61.25

Principal Place of Business

201 EAST SAMPLE RD  
POMPANO BCH FL 33064

Mailing Address

~~201 EAST SAMPLE RD~~  
~~POMPANO BCH FL 33064~~  
3524 No. Federal Hwy.  
Ft. Lauderdale FL 33308

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

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 ☐ Delete

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02

Date

Daytime Phone #

CR2E037 (9/01)