

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N25615**

1. Entity Name

ARC BROWARD GUARDIANSHIP, INC.

Principal Place of Business

**10250 NW 53RD STREET
SUNRISE FL 33351**

Mailing Address

**10250 NW 53RD STREET
SUNRISE FL 33351**

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

65-0046681

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAAS, DENNIS
10250 NW 53 STREET
SUNRISE FL 33351**

7. Name and Address of New Registered Agent

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	RICHTER, JACOB	
STREET ADDRESS	2600 NE 14TH ST CAUSEWAY	
CITY- ST- ZIP	POMPANO BEACH FL	

TITLE	VCD	<input type="checkbox"/> Delete
NAME	ROGERS, GORDON	
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. 3600	
CITY- ST- ZIP	MIAMI FL 33131-2338	

TITLE	VCD	<input type="checkbox"/> Delete
NAME	LAYSTROM, C.WILLIAM, JR.	
STREET ADDRESS	1177 SE THIRD AVE.	
CITY- ST- ZIP	FT. LAUDERDALE FL	

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAAS, DENNIS	
STREET ADDRESS	2150 SW 28TH AVE	
CITY- ST- ZIP	FT LAUDERDALE FL 33312	

TITLE	SD	<input type="checkbox"/> Delete
NAME	HINDEN, JOAN	
STREET ADDRESS	9709 MALVERN DR	
CITY- ST- ZIP	TAMARAC FL 33321	

TITLE	TD	<input type="checkbox"/> Delete
NAME	CHRETIEN, PETER	
STREET ADDRESS	22 MINNETONKA RD	
CITY- ST- ZIP	SEA RANCH LAKES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	303 SE 17th Street, Suite 610	
CITY- ST- ZIP	Fort Lauderdale, FL 33316	

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:

Dennis Haas

Dennis Haas

4-25-02

(954) 746-9400

Date

Daytime Phone #