

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90616 037 \*\*\*\*70.00

**DOCUMENT # N27281**

1. Entity Name

**SOS CHILDREN'S VILLAGE OF FLORIDA, INC.**

Principal Place of Business

**3681 NW 59TH PLACE  
 COCONUT CREEK FL 33073**

Mailing Address

**3681 NW 59TH PLACE  
 COCONUT CREEK FL 33073**

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

**65-0080301**

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

**NEWMAN, FREDRIC  
 7251 W PALMETTO PKY. STE 201  
 BOCA RATON FL 33433**

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 **Fredric Newman, President**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ROSE, SHEILA</b><br><b>6500 N ANDREWS AVE</b><br><b>FT LAUDERDALE FL 33309</b>              | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>Les Arouh</b><br><b>2700 N Military Trail, #120</b><br><b>Boca Raton, FL 33431</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>KASHDIN, LAURENCE</b><br><b>1934 NW 124 TH AVE</b><br><b>CORAL SPRINGS FL 33071</b>         | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>Betty Masi</b><br><b>565 E Hillsboro Blvd.</b><br><b>Deerfield, FL 33441</b>          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>WENGER, LINDA</b><br><b>4723 NE 17TH TERRANCE</b><br><b>FT. LAUDERDALE FL</b>               | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>OLEFSON, SHARI</b><br><b>15 SE 9TH AVE</b><br><b>FT LAUDERDALE FL 33301</b>                | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>Claudette Hayles</b><br><b>288 S University Drive</b><br><b>Plantation, FL 33324</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>NEWMAN, FREDIC</b><br><b>7251 W PALMETTO PKY STE 201</b><br><b>BOCA RATON FL 33432-4924</b> | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>PELLEGRINO, KATHY</b><br><b>200 EAST LAS OLAS BLVD</b><br><b>FT LAUDERDALE FL 33301</b>     | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>Jane Holzkamp</b><br><b>650 Isle of Palms</b><br><b>Fort Lauderdale, FL 33301</b>     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Fredric Newman, President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/31/01 561-361-3959**

CR2E037 (10/00)

0036986

**SOS Children's Village of Florida  
2001 Board of Directors**

Attachment  
D# N2 7281  
C002 964  
Revised 1/22/01

**D**  
**Linda Reid Askinas**  
*Junior League Representative*  
1230 Middle River Drive  
Fort Lauderdale, FL 33304  
954-564-4384 (H)  
954-564-4401 (F)  
dalefty@mindspring.com

**D**  
**John Flora**  
Flora Foods  
1400 SW 1<sup>st</sup> Court  
Pompano Beach, FL 33069  
954-785-3100 x224 (W)  
954-785-2353 (F)  
flora@florafoods.com

**D**  
**Marilyn Gerber**  
Mayor  
Coconut Creek  
4800 W. Copans Road  
Coconut Creek, FL 33063  
954-973-6760 (W)  
954-956-1441 (F)  
954-977-7621 (H)  
mgerber@ci.coconut-creek.fl.us

**D**  
**Laurence M. Kashdin**  
1935 NW 124<sup>th</sup> Avenue  
Coral Springs, FL 33071  
954-755-1261 (W)  
954-341-1025 (F)  
[lmkash@aol.com](mailto:lmkash@aol.com)

**D**  
**Will McKinley**  
President  
Poole, McKinley & Blosser  
301 South Bronough Street, #650  
Tallahassee, FL 32301  
850-681-1980 (W)  
850-561-0792 (F)  
850-893-6805 (H)  
[will@pmbconsulting.com](mailto:will@pmbconsulting.com)

**D**  
**Shari Olefson**  
Attorney  
Investors Title Service  
15 SE 9<sup>th</sup> Avenue  
Fort Lauderdale, FL 33301  
954-467-2519 (W)  
954-467-9301 (F)  
[sharibolefson@aol.com](mailto:sharibolefson@aol.com)

**D**  
**Kathy Pellegrino**  
Legal Advisor/Recruitment Coord.  
Sun Sentinel  
200 East Las Olas Blvd.  
Fort Lauderdale, FL 33301  
954-356-4536 (W)  
954-356-4609 (F)  
954-476-8744 (H)  
[kpellegrino@sun-sentinel.com](mailto:kpellegrino@sun-sentinel.com)

**D**  
**Mark Santella**  
Plant Manager  
Wheelabrator South Broward Inc.  
4400 South State Road 7  
Fort Lauderdale, FL 33314  
954-581-6606 (W)  
954-581-6705 (F)  
[msantella@wm.com](mailto:msantella@wm.com)

**D**  
**Joanne Sloane, Auxiliary  
Representative**  
1705 Eagle Trace Blvd. W.  
Coral Springs, FL 33071  
954-341-7685 (H)  
954-341-9982 (F)  
[jo32055@aol.com](mailto:jo32055@aol.com)

**D**  
**Stephanie Toothaker-Walker**  
Attorney  
Ruden, McClosky, Smith, Schuster  
& Russell, P.A.  
200 E. Broward Blvd.  
PO Box 1900  
Fort Lauderdale, FL 33302  
954-527-6289 (W)  
954-764-4996 (F)  
954-345-2612 (H)  
[siw@ruden.com](mailto:siw@ruden.com)

**D**  
**Lucinda K. Treat**  
Florida Marlins Baseball Club  
Corporate Counsel  
Pro Player Stadium  
2267 NW 199<sup>th</sup> Street  
Miami, FL 33056  
305-626-7408 (W)  
305-626-7376 (F)  
[LTREAT@FLAMARLINS.COM](mailto:LTREAT@FLAMARLINS.COM)