

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90968 031 \*\*\*\*70.00

**DOCUMENT # N39892**

1. Entity Name

**COMMUNITIES IN SCHOOLS OF BROWARD COUNTY, INC.**



Principal Place of Business

~~4861 N DIXIE HWY~~  
~~STE 200-D~~  
OAKLAND PARK FL 33334  
US

Mailing Address

~~4861 N DIXIE HWY~~  
~~STE 200-D~~  
OAKLAND PARK FL 33334  
US

2. Principal Place of Business

4185 N. State Road #7

3. Mailing Address

4185 N. State Road #7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderdale Lakes, FL

City & State

Lauderdale Lakes, FL

Zip

33319

Country

US

Zip

33319

Country

US

4. FEI Number 65-0216677

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLATLEY, MICHAEL

~~4861 N DIXIE HWY~~

~~SUITE 200-D~~

~~OAKLAND PARK FL 33334~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4185 North State Road #7

City

Lauderdale Lakes

FL

Zip Code

33319

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete  
NAME **FARMER, GERALD**  
STREET ADDRESS **6711 N. OCEAN BLVD. #8**  
CITY-ST-ZIP **OCEAN RIDGE FL 33435**

TITLE **D** ☐ Delete  
NAME **LORENZO, JR, CRUGER**  
STREET ADDRESS **8000 WEST SUNRISE BLVD**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33322**

TITLE **D** ☐ Delete  
NAME **DOWD, DANIEL**  
STREET ADDRESS **2411 NE 31 CT**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **SD** ☐ Delete  
NAME **LAMARCHE, SHAWN**  
STREET ADDRESS **2995 N DIXIE HWY**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **PD** ☐ Delete  
NAME **FLATLEY, MICHAEL**  
STREET ADDRESS **4861 N DIXIE HWY #200D**  
CITY-ST-ZIP **OAKLAND PARK FL 33334**

TITLE **CD** ☐ Delete  
NAME **M McNALLY, PHILIP G**  
STREET ADDRESS **600 S.E. THIRD AVENUE**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

2/27/03 954  
335-2452

CR2E037 (10/02)