

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43974

1. Entity Name

CENTER FOR INDEPENDENT LIVING OF BROWARD, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90050 016 \*\*\*\*61.25

Principal Place of Business

8857 W. MCNAB ROAD  
TAMARAC FL 33321  
US

Mailing Address

8857 W. MCNAB ROAD  
TAMARAC FL 33321-3630  
US

040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0292125

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCIBA, GARY  
7500 N.W. FIRST COURT, APT. 409  
PLANTATION FL 33317

Name  
MICHAEL ZIGMAN

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

21528 WOODCHUCK WAY

City  
BOCA RATON

FL

Zip Code  
33428

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

*Raven Decker*  
Signature, typed or printed name of registered agent and title, if applicable.

Executive Director

3-6-00

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SCIBA, GARY  
7500 N.W. FIRST COURT, APT. 409  
PLANTATION FL 33317

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
ZIGMAN, MICHAEL  
21528 WOODCHUCK WAY  
BOCA RATON FL 33428

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DANIELS, DAVIE  
3910 NW 23RD PL  
COCONUT CREEK FL 33066

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LUYTJES, MARTIN  
6890 S.W. 88TH STREET, UNIT B-4  
MIAMI FL 33156

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STEELE, GARETH  
5601 SW 1ST CT  
PLANTATION FL 33317

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GIBSON, NANCY  
10501 W. BROWARD BLVD., APT. 202  
PLANTATION FL 33324

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
GARY SCIBA  
7500 NW FIRST COURT, APT. 409  
PLANTATION, FL 33317

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MICHAEL ZIGMAN  
21528 WOODCHUCK WAY  
BOCA RATON, FL 33428

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
GARETH STEELE  
5601 SW 1ST CT  
PLANTATION, FL 33317

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*Raven Decker*  
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

3-6-00 954-722-6400

CR2E037 (9/99)