

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90154 028 ****61.25

DOCUMENT # N43974

1. Entity Name

CENTER FOR INDEPENDENT LIVING OF BROWARD, INC.

Principal Place of Business

8857 W. MCNAB ROAD
 TAMARAC FL 33321
 US

Mailing Address

8857 W. MCNAB ROAD
 TAMARAC FL 33321
 US

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

65-0292125

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

ZIGMAN, MICHAEL
21528 WOODCHUCK WAY
BOCA RATON FL 33428

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

TITLE NAME Juliette Lipman ☐ Change ☒ Addition
 STREET ADDRESS 3031 N. Ocean Drive # 302
 CITY-ST-ZIP Ft. Lauderdale, FL 33308

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

TITLE NAME Patricia Kennedy ☐ Change ☒ Addition
 STREET ADDRESS 9205 NW 80 Street
 CITY-ST-ZIP Tamarac, FL 33321

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

TITLE NAME Gladys Cox ☐ Change ☒ Addition
 STREET ADDRESS 7150 Biltmore Blvd
 CITY-ST-ZIP Margate, FL 33023

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

TITLE NAME Jeffrey Blaker, Esquire ☐ Change ☒ Addition
 STREET ADDRESS 15500 New Barn Rd S-207
 CITY-ST-ZIP Miami Lakes, FL 33014

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

TITLE NAME David Daniels ☐ Change ☒ Addition
 STREET ADDRESS 3910 NW 23 Place
 CITY-ST-ZIP Coconut Creek, FL 33066

TITLE NAME Melita Dolan ☐ Delete
 STREET ADDRESS 970 Miami Project
 CITY-ST-ZIP 1075 NW 14 Terrace Miami, FL 33136

TITLE NAME ☐ Change ☐ Addition
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)