

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

**FILED**  
**Jun 18, 2003 8:00 am**  
**Secretary of State**

06-18-2003 90020 028 \*\*\*\*70.00

**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 **65-0292 125**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ZIGMAN, MICHAEL  
21528 WOODCHUCK WAY  
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name **Daniel Castellanos**  
Street Address (P.O. Box Number is Not Acceptable)

**1075 NW 14th Terr  
Pembroke Pines**

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

SIGNATURE **Dr. Dan Castellanos President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/03**

**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 **S** ☐ Delete  
NAME **KENNEDY, PATRICIA**  
STREET ADDRESS **4205 NW 80TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33321**

TITLE **T** ☒ Delete  
NAME **ZIGMAN, MICHAEL**  
STREET ADDRESS **21528 WOODCHUCK WAY**  
CITY-ST-ZIP **BOCA RATON FL 33428**

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

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

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

TITLE **D** ☐ Delete  
NAME **LEPMAN, JULIETTA**  
STREET ADDRESS **3031 N OCEAN DRIVE #302**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Change** ☒ Addition  
NAME **Dan Castellanos**  
STREET ADDRESS **1075 NW 14th Terr**  
CITY-ST-ZIP **Pembroke Pines, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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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: **Dr. Dan Castellanos**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/03**

Date

Daytime Phone #

CR2E037 (10/02)