

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44707

1. Entity Name

CHILDREN'S CARDIAC RESEARCH FOUNDATION, INC.

Principal Place of Business

10800 CYPRESS GLEN DRIVE
CORAL SPRINGS FL 33071
US

Mailing Address

10800 CYPRESS GLEN DRIVE
CORAL SPRINGS FL 33071
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

65-0282025

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

KESSLER, ANDREA
633 S ANDREWS AVE
3RD FLOOR
CORAL SPRINGS FL 33302

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 ☐ Delete
D GRASCH, BARBARA
STREET ADDRESS 10800 CYPRESS GLEN DRIVE
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE NAME ☐ Delete
DV O'CONNOR, CATHERINE
STREET ADDRESS 8190 NW 47 DRIVE
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE NAME ☐ Delete
P JORDAN, THOMAS F.
STREET ADDRESS 412 SE 26 AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL

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

TITLE NAME ☐ Delete
T USIAK, KATHY L
STREET ADDRESS 2641 NW 98 WAY
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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:

Thomas F. Jordan **RECEIVED** Thomas F. Jordan President 1/12/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90052 026 ****61.25



DO NOT WRITE IN THIS SPACE