

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44707

1. Entity Name

CHILDREN'S CARDIAC RESEARCH FOUNDATION, INC.

Principal Place of Business

Mailing Address

10800 CYPRESS GLEN DRIVE  
CORAL SPRINGS FL 33071  
US

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

33071

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  
~~FORT LAUDERDALE~~

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

TITLE	D	GRASCH, BARBARA	<input type="checkbox"/> Delete
NAME		10800 CYPRESS GLEN DRIVE	
STREET ADDRESS		CORAL SPRINGS FL	
CITY-ST-ZIP			
TITLE	DV	O'CONNOR, CATHERINE	<input type="checkbox"/> Delete
NAME		8190 NW 47 DRIVE	
STREET ADDRESS		CORAL SPRINGS FL	
CITY-ST-ZIP			
TITLE	D	JORDAN, THOMAS F.	<input type="checkbox"/> Delete
NAME		412 SE 26 AVENUE	
STREET ADDRESS		FORT LAUDERDALE FL	
CITY-ST-ZIP			
TITLE	T	USIAK, KATHY L	<input checked="" type="checkbox"/> Delete
NAME		2641 NW 98 WAY	
STREET ADDRESS		CORAL SPRINGS FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

FILED  
Mar 12, 2002 8:00 am  
Secretary of State

01-31-2002 90046 040 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

17178

CP-Enty (a/m)