

# 2000 UNIFORM BUSINESS REPORT (UBR)

5

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90298 045 \*\*\*\*70.00

DOCUMENT # N45975

1. Entity Name

NEW BEGINNINGS OF SOUTH FLORIDA, A FOUNDATION OF

Principal Place of Business

Mailing Address

300 OAKLAND PARK BLVD

358 CITY VIEW DRIVE

210

FORT LAUDERDALE FL 33311-9109

LAUDERDALE FL 33334

US



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

300 City View Drive

300 City View Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33311

Country

United States

Zip

33311

Country

United States

4. FEI Number

65-0299843

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

Name

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

City

FL

Zip Code

BRIMBERRY, ALEXIS C

300 CITY VIEW DRIVE

FT. LAUDERDALE FL 33311

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, 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

|                                |                                            |
|--------------------------------|--------------------------------------------|
| PT                             | <input type="checkbox"/> Delete            |
| BRIMBERRY, ALEXIS C            |                                            |
| 300 CITY VIEW DRIVE            |                                            |
| FT. LAUDERDALE FL 33311        |                                            |
| VPS                            | <input type="checkbox"/> Delete            |
| CLEVELAND, SUSAN               |                                            |
| 358 CITY VIEW DRIVE            |                                            |
| FT. LAUDERDALE FL 33311        |                                            |
| D                              | <input type="checkbox"/> Delete            |
| PRUITT, SHARI                  |                                            |
| 120 ISLAND DRIVE               |                                            |
| ANDERSONVILLE TN 37705         |                                            |
| D                              | <input checked="" type="checkbox"/> Delete |
| CARSON, DOUGLAS R              |                                            |
| 3000 SUNRISE LAKES DRIVE, #424 |                                            |
| SUNRISE FL 33322               |                                            |
|                                | <input type="checkbox"/> Delete            |
|                                |                                            |
|                                | <input type="checkbox"/> Delete            |
|                                |                                            |
|                                | <input type="checkbox"/> Delete            |
|                                |                                            |

|                |                                                                              |
|----------------|------------------------------------------------------------------------------|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | VPS                                                                          |
| STREET ADDRESS | Cleveland, Susan I. D                                                        |
| CITY-ST-ZIP    | 225 City View Drive                                                          |
|                | Fort Lauderdale, FL 33311                                                    |
| 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 checked="" type="checkbox"/> Addition |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |

I2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954

764-8778

CR2E037 (9/99)