

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90004 040 ****70.00

DOCUMENT # N45975

1. Entity Name

NEW BEGINNINGS OF SOUTH FLORIDA, A FOUNDATION OF

Principal Place of Business

**300 CITY VIEW DRIVE
 FORT LAUDERDALE FL 33311
 US**

Mailing Address

**300 CITY VIEW DRIVE
 FORT LAUDERDALE FL 33311
 US**

2. Principal Place of Business

**1451 W. Cypress Creek
 Suite 300 Road**

Fort Lauderdale, FL

33309 U.S.A.

3. Mailing Address

**1451 W. Cypress Creek
 Suite 300 Road**

Fort Lauderdale, FL

33309 U.S.A.



DO NOT WRITE IN THIS SPACE

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

**BRIMBERRY, ALEXIS C
 300 CITY VIEW DRIVE
 FT. LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

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

Alexis C. Brimberry

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/05/01

**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	PTD	☐ Delete
NAME	BRIMBERRY, ALEXIS C	
STREET ADDRESS	300 CITY VIEW DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	VSD	☒ Delete
NAME	CLEVELAND, SUSAN	
STREET ADDRESS	225 CITY VIEW DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	☒ Delete
NAME	PRUITT, SHARI	
STREET ADDRESS	120 ISLAND DRIVE	
CITY-ST-ZIP	ANDERSONVILLE TN 37705	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S/D	☐ Change ☒ Addition
NAME	Cossa, Mary Anne	
STREET ADDRESS	1155 So. Hillsboro Mile, Apt. 610	
CITY-ST-ZIP	Hillsboro Beach, FL 33062	
TITLE	D	☐ Change ☒ Addition
NAME	Esmonde, Patricia A.	
STREET ADDRESS	1401 So. Ocean Blvd., #209	
CITY-ST-ZIP	Boca Raton, FL 33432	
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:

Alexis C. Brimberry (ALEXIS C. BRIMBERRY)

04/05/01

CR2E037 (10/00)