

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46756

1. Entity Name

THE SOUTH FLORIDA CHAPTER OF THE INTERNATIONAL S

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90096 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5600 BROKEN SOUND BLVD  
C/O OCE PRINTING SYSTEMS  
BOCA RATON FL 33487  
US

5600 BROKEN SOUND BLVD  
C/O OCE PRINTING SYSTEMS  
BOCA RATON FL 33487-3515  
US

2. Principal Place of Business

4200 WACKENHUT DR.

3. Mailing Address

4200 WACKENHUT DR.

Suite, Apt. #, etc.

ATTN: LEO ACHARD - HR

Suite, Apt. #, etc.

ATTN: LEO ACHARD - HR

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

US

Zip

33410

Country

US

4. FEI Number

65-0325256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZERILLI, KATHLEEN  
C/O OCE PRINTING SYSTEMS  
5600 BROKEN SOUND BLVD  
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

EMIL W. ACHARD

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

4200 WACKENHUT DRIVE

City

Palm Beach Gardens

FL

Zip Code

33410

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	1	TRASMUR	<input type="checkbox"/> Delete
NAME		O'LEARY, GERALD J	
STREET ADDRESS		200 S. BISCAYNE BLVD.	
CITY-ST-ZIP		MIAMI FL	
TITLE	0	D	<input type="checkbox"/> Delete
NAME		THOMPSON, ANNE	
STREET ADDRESS		455 FAIRWAY DR, STE #104	
CITY-ST-ZIP		DEERFIELD BEACH FL 33441	
TITLE	9	D	<input type="checkbox"/> Delete
NAME		FURLONG, CAROLYN I	
STREET ADDRESS		740 NE 199TH ST G-202	
CITY-ST-ZIP		MIAMI FL 33179	
TITLE	P	Pres	<input type="checkbox"/> Delete
NAME		WILER, ACHORDA E	
STREET ADDRESS		4200 WACKENHUT DR	
CITY-ST-ZIP		PALM BEACH GARDENS FL 33410	
TITLE		STDR Dir.	<input type="checkbox"/> Delete
NAME		ZERILLI, KATHLEEN	
STREET ADDRESS		5600 BROKEN SOUND RD	
CITY-ST-ZIP		BOCA RATON FL 33487	
TITLE	VP	ST VP	<input type="checkbox"/> Delete
NAME		LUSKIN, SUSAN	
STREET ADDRESS		3939 HOLLYWOOD BLVD	
CITY-ST-ZIP		HOLLYWOOD FL 33021	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		CAROLYN HUNTER	
STREET ADDRESS		1618 NW Boca Raton Blvd	
CITY-ST-ZIP		Boca Raton, FL 33432	
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 #

EMIL W. ACHARD 4/21/2000 (561) 691-6586