

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90085 010 ****61.25

DOCUMENT # N46756

1. Entity Name

THE SOUTH FLORIDA CHAPTER OF THE INTERNATIONAL S

Principal Place of Business

4200 WACKERHUT DR
 ATTN: LEE ACHARD - HR
 PALM BEACH GARDENS FL 33410
 US

Mailing Address

4200 WACKERHUT DR
 ATTN: LEE ACHARD - HR
 PALM BEACH GARDENS FL 33410
 US

2. Principal Place of Business

7805 SW 6th CT.

Suite, Apt. #, etc.

3. Mailing Address

7805 SW 6th CT.

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

Plantation FL

4. FEI Number

65-0325256

Applied For

Not Applicable

Zip

33324-3203

Country

BROWARD

Zip

33324-3203

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACHARD, EARL W
 4200 WACKERHUT DR
 PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

GAIL Nichols

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

901 Peninsula Corp. Circle

City

BOCA RATON

FL

Zip Code

33487

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 **T** ☒ Delete
 NAME **O'LEARY, GERALD J**
 STREET ADDRESS **200 S. BISCAYNE BLVD.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ Delete
 NAME **THOMPSON, ANN**
 STREET ADDRESS **455 FAIRWAY DR, STE #104**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **D** ☒ Delete
 NAME **FURLONG, CAROLYN I**
 STREET ADDRESS **740 NE 199TH ST G-202**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE **P** ☐ Delete
 NAME **ACHARD, EARL W**
 STREET ADDRESS **4200 WACKERHUT DR**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☒ Delete
 NAME **HAERLD, KATHLEEN**
 STREET ADDRESS **5600 BROKEN SOUND RD**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **VP** ☒ 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 **PRESIDENT** ☐ Change ☒ Addition
 NAME **MICHAEL SCHUNK**
 STREET ADDRESS **7805 SW 6th Ct.**
 CITY-ST-ZIP **Plantation, FL 33324-3203**

TITLE **V** ☐ Change ☒ Addition
 NAME **GAIL Nichols**
 STREET ADDRESS **901 Peninsula Corp. Circle**
 CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **S** ☐ Change ☒ Addition
 NAME **Carolyn Miller**
 STREET ADDRESS **1001 Brickell Bay Drive**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **D** ☒ Change ☐ Addition
 NAME **ACHARD, EARL W.**
 STREET ADDRESS **4200 Wackerhut Dr.**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **T** ☐ Change ☒ Addition
 NAME **GERHARD BECKOR**
 STREET ADDRESS **8180 N.W. 36th ST, Suite 100-E**
 CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **D** ☐ Change ☒ Addition
 NAME **AUDREY SCHATTE**
 STREET ADDRESS **13680 NW 5th ST, Suite 200**
 CITY-ST-ZIP **SUNRISE, FL 33325**

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 REQUIRED

4/30/2001 (Sb) 691-6586

CR2E037 (10/00)