

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49580

1. Entity Name

PEER CENTER, INC.

**FILED**  
May 30, 2000 8:00 am  
Secretary of State

05-30-2000 90077 048 \*\*\*\*61.25

Principal Place of Business

2901 W OAKLAND PK  
A-12  
OAKLAND PARK FL 33311  
US

Mailing Address

2901 W OAKLAND PK  
A-12  
OAKLAND PARK FL 33309-3836  
US

2. Principal Place of Business

4545 NW 9th Avenue

3. Mailing Address

4545 NW 9th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oakland Park FL

City & State

Oakland Park FL

4. FEI Number

65-0395121

Applied For

Not Applicable

Zip

33

Country

USA

Zip

33309

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, KIM ESQ.  
2400 EAST OAKLAND PARK BLVD.  
FT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

Sherman, Kim Esq.

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

1000 Corporate Dr. Ste. 310

City

Ft. Lauderdale

FL

Zip Code

33334

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 CD ☐ Delete  
NAME PAZICKY, EDWARD  
STREET ADDRESS 455 NW 17TH PLACE #8  
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE D ☐ Delete  
NAME SISISKY, ALAN  
STREET ADDRESS 111 BRINEY AVE #2208  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE SD ☐ Delete  
NAME MORROW, PAT  
STREET ADDRESS 1000 SW 84TH AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE D ☐ Delete  
NAME MERSON, FLORENCE  
STREET ADDRESS 8135 SUNRISE LAKES BLVD., #311  
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C/D ☒ Change ☐ Addition  
NAME COLLINS, BILL  
STREET ADDRESS 6580 Santana Street Apt. 15  
CITY-ST-ZIP Coral Gables, FL 33146

TITLE T/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S/D ☒ Change ☐ Addition  
NAME RICHARD GAGNON  
STREET ADDRESS 6000 NW 7th Street #5  
CITY-ST-ZIP MARGATE, FL 33069

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #