

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90006 049 ****61.25

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DOCUMENT # N92000000136

1. Entity Name

THE BROWARD AUTISM FOUNDATION, INC.

at.

Principal Place of Business Mailing Address
 CENTER FOR INDEPENDENT LIVING OF BROWARD PO BOX 450476
 8857 W MCNAB RD 10250 NW 53 ST SUNRISE FL 33345
 TAMARAC FL 33321 Sunrise US
 US FL 33351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
ARC of Broward *Some*
 8857 W MCNAB RD
 Room 236

City & State City & State
Sunrise, FL

Zip Country Zip Country
33351 USA

4. FEI Number 65-0367622 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BECKERMAN, DAVID M.
 1200 NORTH FEDERAL HWY
 SUITE 320
 BOCA RATON FL 33432

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BECKERMAN, ANDREA 7920 E UPPER RIDGE DR PARKLAND FL 33067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KABOT, SUSAN 9200 NW 14TH CT. PLANTATION FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, EILEEN 610 NW 103RD AVENUE PLANTATION FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGER-STRUNCK, RUTH 9806 WESTWOOD DRIVE TAMARAC FL 33321 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS CLAYTON, SUSAN 2411 DEERCREEK RD. WESTON FL 33327 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS SHELOW, PAM 245 LENAPE DRIVE MIAMI SPRINGS FL 33166 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jean Costa <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11255 W. ATLANTIC Blvd #206 Coral Springs, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Denise Kamp <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1790 NW 127WAY Coral Springs, FL 33071

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 1/11/01 954-474-5333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)