

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N92000000136

1. Entity Name

THE BROWARD AUTISM FOUNDATION, INC.

at.

Principal Place of Business

ARC of Broward
 CENTER FOR INDEPENDENT LIVING OF BROWARD
 8857 W. MCNAB RD
 TAMARAC FL 33321
 US
 10250 NW 53 ST
 Sunrise
 FL 33351

Mailing Address

PO BOX 450476
 SUNRISE FL 33345
 US

2. Principal Place of Business

ARC of Broward
 10250 NW 53 ST
 Room 236
 Sunrise, FL

3. Mailing Address

Some
 Suite, Apt. #, etc.

City & State

33351 USA

City & State

33351 USA

City & State

33351 USA

4. FEI Number

65-0367622

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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