

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000136

1. Entity Name

THE BROWARD AUTISM FOUNDATION, INC.

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90038 032 \*\*\*\*61.25

Principal Place of Business

2201 NW 53RD ST ROOM 236  
SUITE FL 33351  
US

Mailing Address

ARC OF BROWARD  
10250 NW 53RD ST ROOM 236  
SUNRISE FL 33351  
US

PO BOX  
450476  
Sunrise, FL 33345

2. Principal Place of Business

Same

3. Mailing Address

see above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0367622

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKERMAN, DAVID M.  
1200 NORTH FEDERAL HWY  
SUITE 320  
BOCA RATON FL 33432

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECKERMAN, ANDREA 7920 E UPPER RIDGE DR PARKLAND FL 33067 Trustee <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KABOT, SUSAN 9200 NW 14TH CT. PLANTATION FL Trustee <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, EILEEN 610 NW 103RD AVENUE PLANTATION FL Trustee <input type="checkbox"/> Delete Executive Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGER-STRUNCK, RUTH 9806 WESTWOOD DRIVE TAMARAC FL 33321 Immediate Past President <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS COSTA, JEAN 11255 W ATLANTIC BLVD #206 CORAL SPRINGS FL 33071 President <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS KARP, DENISE 1790 NW 127 WAY CORAL SPRINGS FL 33071 Vice President <input type="checkbox"/> Delete

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
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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

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*

1/8/02 954-571-4141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)