

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90085 016 ****61.25

DOCUMENT # N92000000136

1. Entity Name

THE BROWARD AUTISM FOUNDATION, INC.



Principal Place of Business

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

Mailing Address

PO BOX 450476
SUNRISE FL 33345
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TRUS / Director** ☐ Delete
NAME **BECKERMAN, ANDREA**
STREET ADDRESS **7920 E UPPER RIDGE DR**
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TRUS / Director** ☐ Delete
NAME **KABOT, SUSAN**
STREET ADDRESS **9200 NW 14TH CT.**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TRUS / Director** ☐ Delete
NAME **ROTH, EILEEN**
STREET ADDRESS **610 NW 103RD AVENUE PO Box 450476**
CITY-ST-ZIP **PLANTATION FL Sunrise FL 33345**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **IPP** ☒ Delete
NAME **SINGER-STRUNCK, RUTH**
STREET ADDRESS **9806 WESTWOOD DRIVE**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **Treasurer** ☒ Change ☒ Addition
NAME **Fred Hausman**
STREET ADDRESS **PO Box 450476**
CITY-ST-ZIP **SUNRISE, FL 33345**

TITLE **PRES** ☒ Delete
NAME **COSTA, JEAN**
STREET ADDRESS **11255 W ATLANTIC BLVD #206**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **KARP, DENISE**
STREET ADDRESS **1790 NW 127 WAY**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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 REQUIRED**

E. Roth

(954) 474-5333

CR2E037 (10/02)