

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90006 043 *****70.00

DOCUMENT # N93000001126

1. Entity Name

**FLORIDA DECA ASSOCIATION & FOUNDATION, INC. - DE
 LTA EPSILON CHI DIVISION**

Principal Place of Business

Mailing Address

**10790 NW 14TH ST.
 #180
 PLANTATION FL 33322**

**10790 NW 14TH ST.
 #180
 PLANTATION FL 33322**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7079474

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

**ROSE, JACK J
 10790 NW 14TH ST.
 #180
 PLANTATION FL 33322**

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 **DP** ☐ Delete
 NAME **ROSE, JACK J.**
 STREET ADDRESS **10790 NW 14TH ST., SUITE 180**
 CITY-ST-ZIP **PLANTATION FL**

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

TITLE **DS** ☒ Delete
 NAME **THOMPSON, SUSAN**
 STREET ADDRESS **4200 CONGRESS AVE.**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE **DS** ☒ Change ☐ Addition
 NAME **DR. JOANNE LEONI**
 STREET ADDRESS **1701 NE 127 STREET**
 CITY-ST-ZIP **NORTH MIAMI, FL 33181**

TITLE **DT** ☐ Delete
 NAME **SHEEKS, JACK DR**
 STREET ADDRESS **3501 S.W. DAVE ROAD**
 CITY-ST-ZIP **DAVIE FL 33314**

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

TITLE **D** ☐ Delete
 NAME **RICKER, PAUL**
 STREET ADDRESS **1000 COCONUT CREEK BLVD**
 CITY-ST-ZIP **POMPANO BEACH FL 33066**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-02

Date

(954) 472-7166

Daytime Phone #

CR2E037 (9/01)