

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003321

1. Entity Name

NATIONAL STROKE ASSOCIATION, SOUTH FLORIDA CHAPT

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90063 047 \*\*\*\*61.25

Principal Place of Business  201 E SAMPLE ROAD POMPANO BEACH FL 33064	Mailing Address  201 E SAMPLE ROAD POMPANO BEACH FL 33064-3502
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>74-2317104</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  <b>BROWN, BARBARA D</b> <b>201 E SAMPLE ROAD</b> <b>POMPANO BEACH FL 33064</b>
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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	D <input type="checkbox"/> Delete
NAME	CORBETT, ELLA
STREET ADDRESS	1131 SW 7TH AVE.
CITY-ST-ZIP	DEERFIELD BEACH FL 33441
TITLE	D <input type="checkbox"/> Delete
NAME	ROSEN, EFFIE
STREET ADDRESS	4425 CARAMBOLA CIR. S
CITY-ST-ZIP	COCONUT CREEK FL 33064
TITLE	D <input type="checkbox"/> Delete
NAME	RUSO, MARILYN
STREET ADDRESS	4800 NW 28TH AVE.
CITY-ST-ZIP	BOCA RATON FL 33434
TITLE	D <input type="checkbox"/> Delete
NAME	LEVY, D J
STREET ADDRESS	858 S MILITARY TR
CITY-ST-ZIP	DEERFIELD BCH FL 33442
TITLE	D <input type="checkbox"/> Delete
NAME	TODD, H.M.
STREET ADDRESS	201 E SAMPLE RD
CITY-ST-ZIP	POMPANO BCH FL 33064
TITLE	D <input type="checkbox"/> Delete
NAME	BROWN BARBARA
STREET ADDRESS	201 E. SAMPLE RD
CITY-ST-ZIP	POMPANO BEACH FL 33064

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOY RIDDELL
STREET ADDRESS	101 E. MC NAB RD
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARILYN RUSSO
STREET ADDRESS	4800 NW 28 AV
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 954-786-7333

Date

Daytime Phone #