

200-1 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90221 003 ****61.25

DOCUMENT # N93000003321

1. Entity Name

NATIONAL STROKE ASSOCIATION, SOUTH FLORIDA CHAPT

Principal Place of Business

**201 E SAMPLE ROAD
POMPANO BEACH FL 33064**

Mailing Address

**201 E SAMPLE ROAD
POMPANO BEACH FL 33064**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

74-2317104

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, BARBARA D
201 E SAMPLE ROAD
POMPANO BEACH FL 33064**

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 **D** ☐ Delete
NAME **CORBETT, ELLA**
STREET ADDRESS **1131 SW 7TH AVE.**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **D** ☐ Change ☒ Addition
NAME **RIDDELL, JOY**
STREET ADDRESS **101 E. MCNAB RD**
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **D** ☒ Delete
NAME **ROSEN, EFFIE**
STREET ADDRESS **4425 CARAMBOLA CIR. S**
CITY-ST-ZIP **COCONUT CREEK FL 33064**

TITLE **D** ☐ Change ☒ Addition
NAME **MARK L. BRODY, MD**
STREET ADDRESS **2765 NE 24 ST**
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE **D** ☐ Delete
NAME **RUSSO, MARILYN**
STREET ADDRESS **4800 NW 28TH AVE.**
CITY-ST-ZIP **BOCA RATON FL 33434**

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

TITLE **D** ☐ Delete
NAME **LEVY, D J**
STREET ADDRESS **858 S MILITARY TR**
CITY-ST-ZIP **DEERFIELD BCH FL 33442**

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

TITLE **D** ☐ Delete
NAME **TODD, H.M.**
STREET ADDRESS **201 E SAMPLE RD**
CITY-ST-ZIP **POMPANO BCH FL**

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

TITLE **D** ☐ Delete
NAME **BROWN, BARBARA**
STREET ADDRESS **201 E SAMPLE ROAD**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

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: BARBARA BROWN 4/27/01 954-786-7333

CR2E037 (10/00)