

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90292 008 \*\*\*\*61.25

**DOCUMENT # N96000001346**

1. Entity Name

**FLORIDA SPECIAL RESPONSE TEAM-A, INC.**

Principal Place of Business

**8000 NW 54 STREET  
LAUDERHILL FL 33351**

Mailing Address

**8000 NW 54 STREET  
LAUDERHILL FL 33351**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 10581**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Pompano Beach FL**

Zip

Country

**33061-6481**

Country

**USA**

4. FEI Number

**65-0659159**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WOLFF, SUE C  
8000 NW 54 STREET  
LAUDERHILL FL 33351**

7. Name and Address of New Registered Agent

Name

**JODY FORSYTHE**

Street Address (P.O. Box Number is Not Acceptable)

**10534 DOGWOOD TRAIL**

City

**JUPITER**

FL

Zip Code

**33478**

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

**JODY FORSYTHE**

Signature, typed or printed name of registered agent and title if applicable.

**Jody Forsythe**

(NOTE: Registered Agent signature required when reinstating)

**1/26/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D WOLFF, EDWARD C 8000 NW 54 STREET LAUDERHILL FL 33351</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WOLFF, ARTHUR E 8000 NW 54 STREET LAUDERHILL FL 33351</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARSHALL, JAMES 7141 S.W. 2 CT. PEMBROKE PINES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JURGENS, STACY 4311 CRYSTAL LAKE DR POMPANO BEACH FL 33064</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PRAISLER, DAVID 4121 NW 10TH ST COCONUT CREEK FL 33066</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LORBER, REED 5361 NE 17 TERRACE FT. LAUDERDALE FL</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR SHERYL GARRISON 1509 NE 27 STREET WILTON MANORS FL 33334</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR C.M. FORSYTHE 10534 DOGWOOD TRAIL JUPITER, FL 33478</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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:

**ARTHUR E. WOLFF**

**1/26/01**

**954-968-8989**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)