

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N9700000 1104**

1. Entity Name

**POSITIVE IMAGES OF BROWARD COUNTY, INC**

Principal Place of Business Mailing Address

**2626 W. OAKLAND PARK BLVD**

**Room 206**

**FT LAUDERDALE, FL 33311**

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

**65-0750172**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**A0051488**

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90027 021 \*\*\*\*70.00

04-18-2001 90043 014 \*\*\*\*70.00

6. Name and Address of Current Registered Agent

**HODGE-CAREY, ROBIN**  
**2610 W OAKLAND PARK BLVD**  
**SUITE 201**  
**FORT LAUDERDALE, FL 33311**

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 **Dir** **PRESIDENT** ☐ Delete  
NAME **ROBIN HODGE-CAREY**  
STREET ADDRESS **1941 NE 3RD TERRACE**  
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **Dir** **VICE PRESIDENT** ☒ Delete  
NAME **VICKIE FRAZIER-WILLIAMS**  
STREET ADDRESS **6441 NW 54TH STREET**  
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE **Dir** **SECRETARY** ☒ Delete  
NAME **RISALIND OSGOOD**  
STREET ADDRESS **1819 NW 3RD COURT**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33311**

TITLE **Dir** **TREASURER** ☒ Delete  
NAME **FAVE ASHBY**  
STREET ADDRESS **1531 NW 98TH WAY**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Dir** **VICE PRESIDENT** ☒ Change ☐ Addition  
NAME **DEBORAH BYLE BULZACHELLI**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Dir** **SECRETARY** ☒ Change ☐ Addition  
NAME **ELIZABETH HONORAT**  
STREET ADDRESS **2424 SUNSHINE BLVD**  
CITY-ST-ZIP **MIRAMAR, FL 33023**

TITLE **Dir** **TREASURER** ☒ Change ☐ Addition  
NAME **JEAN DADE BATCHE**  
STREET ADDRESS **525 W DAYTON CIRCLE**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33312**

TITLE ☐ Change ☐ Addition  
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: **Robin L. Hodge-Carey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/01 (954) 677-5486**

Date

Daytime Phone #

CR2E037 (11/00)