

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90017 007 \*\*\*\*70.00

**DOCUMENT # N97000003780**

1. Entity Name

**BROWARD PARTNERSHIP FOR THE HOMELESS, INC.**

Principal Place of Business

Mailing Address

920 N.W. 7 AVENUE  
 FT LAUDERDALE FL 33311-7229  
 US

920 N.W. 7 AVENUE  
 FT LAUDERDALE FL 33311-7229  
 US

**80008144**



DO NOT WRITE IN THIS SPACE

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

**65-0777033**

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

**ESPOSITO, FRANCES M**  
**920 N.W. 7 AVENUE**  
**FT LAUDERDALE FL 33311-7229**

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:**  
**FEI 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: **CD**  Delete  
 NAME: **KEITH, WILLIAM**  
 STREET ADDRESS: **301 EAST ATLANTIC BLVD**  
 CITY-ST-ZIP: **POMPANO BEACH FL 33060-6643**

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

TITLE: **CFO**  Delete  
 NAME: **RODNEY, EARL**  
 STREET ADDRESS: **920 N.W. 7 AVENUE**  
 CITY-ST-ZIP: **FORT LAUDERDALE FL 33311-7229**

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

TITLE: **COO**  Delete  
 NAME: **FREEDMAN, DAVID**  
 STREET ADDRESS: **920 NW 7 AVENUE**  
 CITY-ST-ZIP: **FORT LAUDERDALE FL 33311-7229**

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

TITLE: **VCD**  Delete  
 NAME: **BORKSON, ELLIOT**  
 STREET ADDRESS: **200 E LAS OLAS BLVD STE 1900**  
 CITY-ST-ZIP: **FT LAUDERDALE FL 33301**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS: **350 EAST LAS OLAS BLVD, SUITE 1700**  
 CITY-ST-ZIP:  Change  Addition

TITLE: **SD**  Delete  
 NAME: **WALDMAN, ALEIDA O**  
 STREET ADDRESS: **440 S ANDREWS AVE**  
 CITY-ST-ZIP: **FT. LAUDERDALE FL 33301**

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

TITLE: **TD**  Delete  
 NAME: **LUISSO, ANGELO**  
 STREET ADDRESS: **2626 E OAKLAND PARK BLVD**  
 CITY-ST-ZIP: **FT. LAUDERDALE FL 33306**

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

*Signature Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Chief Financial Officer 1/18/00 954-779-3990*  
 Date Daytime Phone #