

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

0003303

DOCUMENT # N97000003780

1. Entity Name

BROWARD PARTNERSHIP FOR THE HOMELESS, INC.

03-20-2001 90063 020 ****70.00

Principal Place of Business 920 N.W. 7 AVENUE FT LAUDERDALE FL 33311-7229 US	Mailing Address 920 N.W. 7 AVENUE FT LAUDERDALE FL 33311-7229 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0777033** Applied For
 Not Applicable

Zip Country Zip Country 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:
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 NAME STREET ADDRESS CITY-ST-ZIP	CD KEITH, WILLIAM 301 EAST ATLANTIC BLVD POMPANO BEACH FL 33060-6643	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO RODNEY, EARL 920 N.W. 7 AVENUE FORT LAUDERDALE FL 33311-7229	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO FREEDMAN, DAVID 920 NW 7 AVENUE FORT LAUDERDALE FL 33311-7229	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BORKSON, ELLIOT 350 EAST LAS OLAS BLVD STE 1700 FT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALDMAN, ALEIDA O 440 S ANDREWS AVE FT. LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUIISO, ANGELO 2626 E OAKLAND PARK BLVD FT. LAUDERDALE FL 33306	<input type="checkbox"/> Delete

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
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: *Earl Rodney* **EARL RODNEY, CHIEF FINANCIAL OFFICER** MARCH 14 2001 (954) 779-3990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

ST. 315

CR2E037 (10/00)

BROWARD PARTNERSHIP FOR THE HOMELESS, INC.

BOARD OF DIRECTORS - MEMBER ROSTER

DOC # N97000003780

3.002.0531

Mr. William V. Keith (*Chair*) CD
President
Keith & Associates, Inc.
301 East Atlantic Boulevard
Pompano Beach, Florida 33060-6643
Tel: 954-788-3400
Fax: 954-788-3500
Email: BKeith@Keith-Associates.com

Elliot P. Borkson, Esq. (*Vice Chair*) VCD
Atlas, Pearlman, Trop & Borkson
350 East Las Olas Boulevard
Suite 1700
Fort Lauderdale, Florida 33301
Tel: 954-766-7810
Fax: 954-766-7800
Email: borkson@atlaslaw.com

Mr. Angelo J. Luiso (*Treasurer*) TD
Senior Vice President
Sun Trust Bank
2626 East Oakland Park Boulevard
Fort Lauderdale, Florida 33306
Tel: 954-766-2113
Fax: 954-766-2119
Email: Angelo.Luiso@suntrust.com

Aleida Ors Waldman (*Secretary*) SD
Attorney at Law
440 South Andrews Avenue
Fort Lauderdale, Florida 33301
Tel: 954-524-1100
Fax: 954-524-0008
Email: aowpa@gsta.net

Ms. Claudette Bruck D
Multiple Choice Realty
12088 Northwest 27th Street
Coral Springs, Florida 33065
Tel: 954-753-0433
Fax: 954-346-2583
Email: cbruck@bellsouth.net

Ms. Gale Butler D
Senior Vice President of Corporate Affairs
Auto Nation
110 Southeast 6th Street
30th Floor
Fort Lauderdale, Florida 33301
Tel: 954-769-7209
Fax: 954-769-6494
Email: butlerg@autonation.com

Mr. James A. Cummings D
James A. Cummings, Inc.
3575 Northwest 53rd Street
Fort Lauderdale, Florida 33309
Tel: 954-733-4211
Fax: 954-733-8051
Email: jac@jamesacummings.com

Ms. Marjorie Davis D
1713 Northwest 5th Street
Fort Lauderdale, Florida 33311
Tel: 954-463-3872
Fax: 954-728-1289
Email: none at present

Earl Hall, Esq. D
Conrad & Scherer
633 South Federal Highway, 8th Floor
Fort Lauderdale, Florida 33301
Tel: 954-462-5500
Fax: 954-463-9244
Email: wearhall@aol.com

George L. Hanbury, II D
Executive Vice President for Administration
Nova Southeastern University
Horovitz Building
3301 College Avenue
Fort Lauderdale, Florida 33314
Tel: 954-262-7555
Fax: 954-262-3800
Email: hanbury@nsu.nova.edu

Rabbi Sheldon Harr D
Temple Kol Ami
8200 Peters Road
Plantation, Florida 33324
Tel: 954-472-1988
Fax: 954-472-4439
Email: RAVSJH@aol.com

Ulysses G. Horne, Ed.D. D
8939 Northwest 44th Court
Sunrise, Florida 33351
Tel: 954-572-9883
Fax: 954-572-7277
Email: none at present

BROWARD PARTNERSHIP FOR THE HOMELESS, INC.

BOARD OF DIRECTORS - MEMBER ROSTER

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Mr. Ronald N. Ishoy D
Communications and Planning Manager
Broward State Attorney's Office
201 Southeast 6th Street
Suite 665
Fort Lauderdale, Florida 33301-3360
Tel: 954-831-7910
Fax: 954-831-8401
Email: rishoy@sao17.state.fl.us

Mr. Mark Jones D
VP/Dir. Human Resources & Community
Affairs
Sun Sentinel
333 Southwest 12th Avenue
Deerfield Beach, Florida 33442
Tel: 954-425-1410
Fax: 954-425-1412
Email: majones@tribune.com

Mr. Kevin Leonard D
Atlantic Construction & Development, Inc.
2844 East Oakland Park Boulevard
Fort Lauderdale, Florida 33305
Tel: 954-568-3520
Fax: 954-568-6760
Email: atlcondev@aol.com

Mr. Anthony Littles D
5628 Rock Island Road, #182
Tamarac, Florida 33319
Tel: 954-533-8613
Fax: 954-721-4123
Email: TonyL@technion.com

Richard Lundy, CPA D
9655 West Broward Blvd
Plantation, Florida 33324
Tel: 954-452-0100
Fax: 954-452-0855
Email: rlundy@lundyshacter.com

Ms. Dina McDermott D
D. M. McDerDermott & Associates, Inc.
1844 North Nob Hill Road
Suite 151
Plantation, Florida 33322
Tel: 954-916-0511
Fax: 954-916-0053
Email: dmmac@mediaone.net

Mr. Chuck Mohr D
Bank Atlantic
1750 East Sunrise Blvd
Fort Lauderdale, Florida 33304
Tel: 954-760-5560
Fax: 954-760-5123
Email: Cmohr@bankatlantic.com

Mr. Samuel F. Morrison D
Director, Broward County Library System
100 South Andrews Avenue
Fort Lauderdale, Florida 33301
Tel: 954-357-7377
Fax: 954-357-6542
Email: morrison@browardlibrary.org

Norman Ostrau, Esq. D
County Attorney's Office
115 South Andrews Avenue
Room 423
Fort Lauderdale, Florida 33301
Tel: 954-357-7600
Fax: 954-357-7641
Email: nostrau@broward.org

Dr. Arthur E. Palamara D
3850 Hollywood Boulevard, Suite 302
Hollywood, Florida 33021
Tel: 954-989-5533
Fax: 954-989-5677
Email: aepal@ibm.net

Assistant Chief Robert R. Pusins D
City of Fort Lauderdale Police Department
1300 West Broward Boulevard
Fort Lauderdale, Florida 33312
Tel: 954-828-5589
Fax: 954-828-6676
Email: BobP@ci.ftlaud.fl.us

Mr. Roy Savarick D
Senior Vice President - Investments
Salomon Smith Barney
P. O. Box 291150
Davie, Florida 33329-1150
Tel: 954-476-4023
Fax: 954-476-4000
Email: roy.h.savarick@rssmb.com

BROWARD PARTNERSHIP FOR THE HOMELESS, INC.

BOARD OF DIRECTORS - MEMBER ROSTER

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Ms. Jacquelyn Scott
Keyes Company Realty
524 Victoria Terrace
Fort Lauderdale, Florida 33301
Tel: 954-712-9399
Fax: 954-390-7090
Email: js2349@aol.com

D

Ronald L. Book, P.A. (Advisor)
2999 Northeast 191st Street
Penthouse #6
Aventura, Florida 33180
Tel: 305-935-1866
Fax: 305-935-9737
Email: ronboffice@aol.com

Mr. Jon L. Shebel, President/CEO
Associated Industries of Florida
901 Northwest 51st Street
Boca Raton, Florida 33431
Tel: 800-866-1234
Fax: 561-995-1003
Email: jshebel@aif.com
P. O. Box 784
Tallahassee, Florida 32302
Tel: 850-224-7173
Fax: 850-577-5255

D

Ms. Laura Carey (Ex Officio)
Executive Director
Broward Coalition for the Homeless, Inc.
P. O. Box 030177
Fort Lauderdale, Florida 33303
1142 Northeast 6th Avenue
Fort Lauderdale, Florida 33304
Tel: 954-522-7069
Fax: 954-522-0689
Email: bchfhome@aol.com

D

Stephen J. Simmons, Esq.
321 Southeast 15th Avenue
Fort Lauderdale, Florida 33301
P. O. Box 2427
Fort Lauderdale, Florida 33303
Tel: 954-467-2000
Fax: 954-467-2306
Email: sjs@mslaw.net

D

Mr. Floyd Johnson (Ex Officio)
City Manager
City of Fort Lauderdale
100 North Andrews Avenue
Fort Lauderdale, Florida 33301
Tel: 954-761-5013
Fax: 954-761-5021

D

Representing Mr. Johnson:
Mr. Horace McHugh
Assistant to the City Manager
949 Northwest 38th Street
Fort Lauderdale, Florida 33309
Tel: 954-492-7875
Fax: 954-492-7897
Email: HoraceM@ci.ftlaud.fl.us

Ms. Helen C. Surovek
Coldwell Banker Real Estate, Inc.
2495 East Commercial Boulevard
Fort Lauderdale, Florida 33308
Tel: 954-491-0700
Fax: 954-776-7574
Email: none at present

D

Ms. Sandy Harris (Ex Officio)
Executive Director
Broward Legislative Delegation
115 South Andrews Avenue
Room 429
Fort Lauderdale, Florida 33301
Tel: 954-357-6555
Fax: 954-357-6041
Email: sahharris@co.broward.fl.us

D

Mr. Paul R. Wiggins
Senior Vice-President
Community Development Banking
Bank of America
1 Financial Plaza, 14th floor
Fort Lauderdale, Florida 33394
Tel: 954-765-2188
Fax: 954-765-2655
Email: paul.wiggins@bankofamerica.com

D

BROWARD PARTNERSHIP FOR THE HOMELESS, INC.

BOARD OF DIRECTORS - MEMBER ROSTER

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B0020531

Dr. Franklin L. Till, Jr. (*Ex Officio*)
Superintendent

School Board of Broward County
600 Southeast 3rd Avenue

10th Floor

Fort Lauderdale, Florida 33301

Tel: 954-765-6271

Fax: 954-760-7483

Representing Dr. Till:

Ms. Dianne Sepielli

Homeless Education Program

Tel: 954-768-8983

Fax: 954-768-8987

Email: Sepielli_Dianne.KCW@bcpsgw.broward.k12.
fl.us

Mr. Steve Werthman (*Ex Officio*)

HIP Board Administrator

Broward County Commission

115 South Andrews Avenue

Room 516

Fort Lauderdale, Florida 33301

Tel: 954-357-6167

Fax: 954-357-5521

Email: swerthman@co.broward.fl.us

D

Ms. Frances M. Esposito (Exec. Dir.) ED

BPHI

920 Northwest 7th Avenue

Fort Lauderdale, FL 33311-7229

Tel: 954-779-3990

Fax: 954-779-3991

Email: frances@bphi.org

Mr. David Freedman

COO

BPHI

920 Northwest 7th Avenue

Fort Lauderdale, FL 33311-7229

Tel: 954-779-3990

Fax: 954-779-3991

Email: david@bphi.org

Mr. Earl Rodney

CFO

BPHI

920 Northwest 7th Avenue

Fort Lauderdale, FL 33311-7229

Tel: 954-779-3990

Fax: 954-779-3991

Email: earl@bphi.org

D