

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000003780

FILED  
Feb 12, 2003  
Secretary of State

Entity Name: BROWARD PARTNERSHIP FOR THE HOMELESS, INC.

**Current Principal Place of Business:**

920 N.W. 7 AVENUE  
FT LAUDERDALE, FL 333117229 US

**New Principal Place of Business:**

**Current Mailing Address:**

920 N.W. 7 AVENUE  
FT LAUDERDALE, FL 333117229 US

**New Mailing Address:**

FEI Number: 65-0777033      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ESPOSITO, FRANCES M  
920 N.W. 7 AVENUE  
FT LAUDERDALE, FL 333117229 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: BORKSON, ELLIOT P ESQ  
Address: 500 EAST BROWARD BOULEVARD, STE. 1800  
City-St-Zip: FORT LAUDERDALE, FL 33394

Title: CFO ( ) Delete  
Name: MCCALL, JOHN W  
Address: 920 N.W. 7 AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 333117229

Title: COO ( ) Delete  
Name: FREEDMAN, DAVID R  
Address: 920 NW 7 AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 333117229

Title: VCD ( ) Delete  
Name: LEONARD, KEVIN T  
Address: 2844 EAST OAKLAND PARK BOULEVARD  
City-St-Zip: FT LAUDERDALE, FL 33305

Title: SD ( ) Delete  
Name: SUROVEK, HELEN C  
Address: 2495 EAST COMMERCIAL BOULEVARD  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: TD ( ) Delete  
Name: LUIISO, ANGELO J  
Address: 2626 EAST OAKLAND PARK BOULEVARD  
City-St-Zip: FT. LAUDERDALE, FL 33306

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. MCCALL

CFO

02/12/2003

Electronic Signature of Signing Officer or Director

Date