

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004981

1. Entity Name

HEART OF BROWARD FOUNDATION CORP.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90072 003 ****61.25

Principal Place of Business

303 SOUTHEAST 17TH STREET
FORT LAUDERDALE FL 33316

Mailing Address

C/O PATRICIA L. MAHANEY
303 SE 17TH ST
FORT LAUDERDALE FL 33316

717298



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

65-0930867

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

SCHERER, WILLIAM R
633 S FEDERAL HWY, 8TH FLOOR
FORT LAUDERDALE FL 33001

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	<input type="checkbox"/> Delete
P	CHIZNER, MICHAEL MD	303 SOUTHEAST 17TH STREET	FORT LAUDERDALE FL 33316	<input type="checkbox"/>
VP	GILL, CARL E MD	303 SE 17TH ST	FORT LAUDERDALE FL 33316	<input type="checkbox"/>
ST	MAHANEY, PATRICIA L	303 SE 17TH ST	FORT LAUDERDALE FL 33316	<input type="checkbox"/>
D	TROWER, WIL	303 SE 17TH ST	FORT LAUDERDALE FL 33316	<input type="checkbox"/>
D	WEAVER, ANNIE	303 SE 17TH ST	FORT LAUDERDALE FL 33316	<input type="checkbox"/>
D	THOMAS, DAVE	303 SE 17TH ST	FORT LAUDERDALE FL 33316	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	R. EMMETT MCTIGUE			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)