

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90215 032 ****61.25

DOCUMENT # N98000004981

1. Entity Name
HEART OF BROWARD FOUNDATION CORP.



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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **CHIZNER, MICHAEL MD**
STREET ADDRESS **303 SOUTHEAST 17TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

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

TITLE **VP** ☐ Delete
NAME **GILL, CARL E MD**
STREET ADDRESS **303 SE 17TH ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

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

TITLE **ST** ☒ Delete
NAME **MAHANEY, PATRICIA L**
STREET ADDRESS **303 SE 17TH ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **ST** ☐ Change ☒ Addition
NAME **KNIGHT, MARK T.**
STREET ADDRESS **303 S.E. 17TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **D** ☐ Delete
NAME **TROWER, WIL**
STREET ADDRESS **303 SE 17TH ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

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

TITLE **D** ☐ Delete
NAME **COLLINS, JOHN**
STREET ADDRESS **303 SE 17TH ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

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

TITLE **D** ☐ Delete
NAME **SALLARULO, PAUL**
STREET ADDRESS **303 SE 17TH ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☒ Change ☐ Addition
NAME **SALLARULO, PAUL**
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:

Signature

1/30/03

CR2E037 (10/02)