

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005060

1. Entity Name

FRIENDS OF OUR HOUSE, INC.

**FILED**  
**Aug 30, 2000 8:00 am**  
**Secretary of State**

08-30-2000 90006 039 \*\*\*\*61.25

Principal Place of Business

408 NE 4TH ST.  
FT. LAUDERDALE FL 33301

Mailing Address

408 NE 4TH ST.  
FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0941094

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

MCCAWLEY, PAUL B ESQ.  
515 E. LAS OLAS BLVD., SUITE 1500  
FT. LAUDERDALE FL 33301

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**  
**After September 13, 2000 min. will be \$236.25**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>MCCAWLEY, PAUL B ESQ.<br>515 E. LAS OLAS BLVD., SUITE 1500<br>FT. LAUDERDALE FL 33301 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>HOLLOWELL, SUZANNE F<br>2748 NE 27TH CT.<br>FT. LAUDERDALE FL 33306                    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PAYNE, ANN<br>704 SE 1ST ST.<br>FT. LAUDERDALE FL 33301                                 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>ROSS, KERRY<br>433 CORAL WAY<br>FORT LAUDERDALE FL 33301                               | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MORSE, ROSANNE<br>400 NE 4 ST<br>FORT LAUDERDALE FL 33301                               | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WRIGHT, JOHN DR<br>2787 NE 35 DR<br>FORT LAUDERDALE FL 33308                            | <input type="checkbox"/> Delete            |

|                                                |    |                                                                              |
|------------------------------------------------|----|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:

*John Wright*  
**NOTARIAL REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/23/00 954-768-8269

CR2E037 (5/00)

Attachment 2000  
N98000005060  
D0082512

**ATTACHMENT TO FORM 2000 UNIFORM BUSINESS REPORT (UBR)**

Friends of OUR House, Inc.

EIN:65-0941094

10. Officers and Directors

Names, Address, and Titles of Officers and Directors

**Name and Address**

**Title**

Linda Bird  
2790 N.E. 57<sup>th</sup> Court  
Fort Lauderdale, FL 33308

DP

Amy Harley  
2889 N.E. 25<sup>th</sup> Court  
Fort Lauderdale, FL 33308

DV

Irwin Isaacs  
9641 N.W. 11<sup>th</sup> Street  
Plantation, FL 33322

D

Shawn LaMarche  
2995 N. Dixie Highway  
Fort Lauderdale, FL 33334

D

Clarice Pollock  
1965 S. Ocean Drive  
Hallandale, FL 33009

D