

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005657

1. Entity Name

EMPLOYMENT COALITION OF FLORIDA, INC.

FILED

May 15, 2002 8:00 am
Secretary of State

05-15-2002 90034 020 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 100043
FORT LAUDERDALE FL 33310

P.O. BOX 100043
FORT LAUDERDALE FL 33310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0866330

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

HELLER, RICHARD D
110 S.E. 6TH STREET
15TH FLOOR
FORT 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

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 D ☐ Delete
NAME TOMASULO, ROBERT M
STREET ADDRESS P.O. BOX 100043
CITY-ST-ZIP FORT LAUDERDALE FL 33310

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

TITLE D ☐ Delete
NAME ALEXANDER, JANICE
STREET ADDRESS P.O. BOX 100043
CITY-ST-ZIP FORT LAUDERDALE FL 33310

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

TITLE D ☐ Delete
NAME COLVIN, KENANE
STREET ADDRESS P.O. BOX 100043
CITY-ST-ZIP FORT LAUDERDALE FL 33310

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

TITLE D ☐ Delete
NAME HAUGHIAN, JANE
STREET ADDRESS P.O. BOX 100043
CITY-ST-ZIP FORT LAUDERDALE FL 33310

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

TITLE D ☒ Delete
NAME KURZ, FRANK
STREET ADDRESS P.O. BOX 100043
CITY-ST-ZIP FORT LAUDERDALE FL 33310

TITLE ☒ Change ☐ Addition
NAME Merrill, Linda
STREET ADDRESS P.O. Box 100043
CITY-ST-ZIP Fort Lauderdale, FL 33310

TITLE D ☐ Delete
NAME MEYERS, DENNIS
STREET ADDRESS P.O. BOX 100043
CITY-ST-ZIP FORT LAUDERDALE FL 33310

TITLE ☐ Change ☐ Addition
NAME Myers, Dennis
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)(l), 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:

Linda Merrill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-02 (954) 677-5793

CR2E037 (9/01)