

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006805

1. Entity Name

THE BROWARD CAMPAIGN TO PREVENT TEEN PREGNANCY I

Principal Place of Business

455 NW 35TH STREET  
BOCA RATON FL 33431

Mailing Address

455 NW 35TH STREET  
BOCA RATON FL 33431-5707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMO CORPORATE SERVICES, INC.  
100 NE 3 AVE., SUITE 1100  
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

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	D BONILLA KRANTZ, MARILYN	<input type="checkbox"/> Delete
STREET ADDRESS	455 NW 35TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE NAME	D BRILLIANT, JON A	<input type="checkbox"/> Delete
STREET ADDRESS	455 NW 35TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE NAME	D BUTLER, GAYLE	<input type="checkbox"/> Delete
STREET ADDRESS	455 NW 35TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Gale, Butler	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	455 NW 35th St.	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE NAME	D Templeton, Blanche	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	455 NW 35th St.	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon A. Brilliant 3/15/00

Date

Daytime Phone #

954204648

FILED  
Apr 06, 2000 8:00 am  
Secretary of State

04-06-2000 90009 012 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0884864

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

CR2E037 (9/99)