2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900003429 SOUTH FLORIDA CHAPTER FLORIDA STATE GUARDIANSHIP ASSOCIATION, INC. Principal Place of Business Malling Address 8930 STATE ROAD 84 8930 STATE ROAD 84 #316 #316 DAVIE FL 33324 DAVIE FL 33324 US US 2 Mailing Address

FILED Feb 26, 2002 8:00 am Secretary of State

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| z. Principal Place of Business | | 3. Riaming Address | | |) (BOILIBL DIE 19119 (DILI BESII 901); BOIL BOIL BOIL BOIL BOIL BIBLE IBIS 1955 | | | | |
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| Suite, Apt. #, etc. Suite | | e, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State City & | | State | | 4. FEI | 4. FEI Number APPLIED FOR | | | plied For t Applicable | |
| Zip | Country Zip | | Country | 5. Cert | icate of Status De | | 8.75 Addi ee Required | | |
| 6. Name and | | 7. Nam | e and Address of | New Registered A | gent | | | | |
| | | Name > (.5 - 109 6 159 | | | | | | | |
| WOLONICK, LINDA M QUA RIDGECREST COURT D'AME FL 33328 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | City | City FL Zip Code | | | | | |
| 8. The above named entity su | bmits this statement for the purpos | se of changing its regis | stered office or r | registered agent. | or both, in the stat | e of Florida. | | | |
| SIGNATURE Signature, typed or pr | nted name of registered agent and title if applic | able. (NOTE: Regis | stered Agent signatur | re required when reinsta | ting) | DATE | | | |
| FILE NOW: FEE IS \$61.25 9. Election Campaign F Trust Fund Contribution | | | | cing \$5.00 May Be Added to Fees Make Check Payable to Department of State | | | | | |
| 10. | OFFICERS AND DIRECTORS | | 11. | ADDITION | IS/CHANGES TO | OFFICERS AND DIR | ECTORS IN | 10 | |
| NAME ZAMORA, ENI STREET ADDRESS CITY-ST-ZIP MIAMI FL 331 | AVE., STE 600 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Doseph P. 13145 Ju Miami, H | hinge 10 Court EL 33176 | | ☐ Change | ☐ Addition | |
| NAME ABEL-REISER STREET ADDRESS CITY-ST-ZIP MIAMI FL 331 | E BLVD | 53.00 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JACQUE! | ine Hertz Show Drw Jeh FL 33 | દ | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD SHUMAN-AUS 1641 HAROBI WESTON FL | RSIDE DR. | - | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DAVID- N | nangiero Dixie Hi FL 3315 | <u> Ŝ</u> hway | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TO TURNER, WEI 11701 S.W. 5 CORAL GABL | 7 COURT | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Michael 5555 Bi | Messer Scayne BII FL 3313 | VD. | ☐ Change | Addition | |
| TITLE SD | Hertz Show Drive Beach, FL 33141 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change . | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP SOUNT'E SOUNT'E CHARGE SOUNT'E SOUNT'E | L. Cooper newn Blud # 8A Layne YL 33149 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | ☐ Addition | |
| 12. I hereby certify that the inf | ormation supplied with this filling d | loes not qualify for the | exemption state | ed in Section 119 | .07(3)(i), Florida St | atutes. I further certi | fy that the in | formation or director | |

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.

EQUIRBANDAY Abel-Reiser 2-11-02

954-310-0041