

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N99000003838

1. Entity Name

THE BULLDOGS-A SPECIAL NEEDS ORGANIZATION, INC.

FILED
Jun 01, 2000 8:00 am
Secretary of State

04-25-2000 90045 029 ****61.25

Principal Place of Business

C/O LOUIS JERRY COHN, P.A.
8041 W. MCNAB ROAD
TAMARAC FL 33321

Mailing Address

C/O LOUIS JERRY COHN, P.A.
8041 W. MCNAB ROAD
TAMARAC FL 33321-3219

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

65-0945017

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

COHN, L. JERRY
8041 W. MCNAB ROAD
TAMARAC FL 33321

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 PD ☐ Delete
NAME HURVITZ, MARK
STREET ADDRESS C/O 8041 W. MCNAB ROAD
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE VPD ☐ Delete
NAME GOLDBERG, TED
STREET ADDRESS C/O 8041 W. MCNAB ROAD
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE VPD ☐ Delete
NAME IRVINE, ROBERT O
STREET ADDRESS C/O 8041 W. MCNAB ROAD
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE TD ☐ Delete
NAME COHN, ROBERT
STREET ADDRESS C/O 8041 W. MCNAB ROAD
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE SD ☐ Delete
NAME KLEINERT, ELLEN L
STREET ADDRESS C/O 8041 W. MCNAB ROAD
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE SD ☐ Delete
NAME PERKINS, MARGARET E
STREET ADDRESS C/O 8041 W. MCNAB ROAD
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☒ Change ☐ Addition
NAME SUSAN COHEN
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

9547221511

Date

Daytime Phone #

CH2E037 (9/99)