

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State
 01-31-2002 90058 018 ****61.25

DOCUMENT # N99000003838

1. Entity Name

THE BULLDOGS-A SPECIAL NEEDS ORGANIZATION, INC.

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

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 ~~VP~~ ☐ Delete
 NAME **GOODMAN, DIANE**
 STREET ADDRESS **C/O 8041 W. MCNAB ROAD**
 CITY-ST-ZIP **TAMARAC FL 33321**

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

TITLE ~~ID~~ ☐ 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 **COHEN, SUSAN**
 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 **LEONARDO, MICHELLE**
 STREET ADDRESS **8041 W. MCNAB RD**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Change ☐ Addition
 NAME
 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:

SECRETARY OF STATE **TREASURER** **1/31/02**

CR2E037 (9/01)