

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90065 026 \*\*\*\*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.  
W. MCNAB ROAD  
TAMARAC FL 33321**

Mailing Address

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

2. Principal Place of Business

**8333 W. McNab Rd**

3. Mailing Address

**8333 W. McNab Rd**

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**8333 W. McNab Rd**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEONARDO, MICHELLE	
STREET ADDRESS	8333 W McNab Rd	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	AMY HOOVER	
STREET ADDRESS	C/O 8333 W. MCNAB ROAD	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COHN, ROBERT	
STREET ADDRESS	C/O 8333 W. MCNAB ROAD	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KLEINERT, ELLEN L	
STREET ADDRESS	C/O 8333 W. MCNAB ROAD	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	COHEN, SUSAN	
STREET ADDRESS	C/O 8333 W. MCNAB ROAD	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOOVER, RANDALL	
STREET ADDRESS	C/O 8333 W. McNab Rd	
CITY-ST-ZIP	TAMARAC, FL 33321	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**ELLEN L. KLEINERT, SECRETARY**

**1-9-03**

CR2E037 (10/02)