

2000 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-11-2000 90298 045 ****70.00

DOCUMENT # N45975

1. Entity Name

NEW BEGINNINGS OF SOUTH FLORIDA, A FOUNDATION OF

Principal Place of Business

Mailing Address

300 OAKLAND PARK BLVD

358 CITY VIEW DRIVE

210

FORT LAUDERDALE FL 33311-9109

LAUDERDALE FL 33334

US



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

300 City View Drive

300 City View Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33311

Country

United States

Zip

33311

Country

United States

4. FEI Number

65-0299843

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

Name

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

City

FL

Zip Code

BRIMBERRY, ALEXIS C

300 CITY VIEW DRIVE

FT. LAUDERDALE FL 33311

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, 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

PT	☐ Delete
BRIMBERRY, ALEXIS C	
300 CITY VIEW DRIVE	
FT. LAUDERDALE FL 33311	
VPS	☐ Delete
CLEVELAND, SUSAN	
358 CITY VIEW DRIVE	
FT. LAUDERDALE FL 33311	
D	☐ Delete
PRUITT, SHARI	
120 ISLAND DRIVE	
ANDERSONVILLE TN 37705	
D	☒ Delete
CARSON, DOUGLAS R	
3000 SUNRISE LAKES DRIVE, #424	
SUNRISE FL 33322	
	☐ Delete
	☐ Delete
	☐ Delete

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Change ☐ Addition
NAME	VPS
STREET ADDRESS	Cleveland, Susan I. D
CITY-ST-ZIP	225 City View Drive
	Fort Lauderdale, FL 33311
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☒ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☒ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

I2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954

764-8778

CR2E037 (9/99)