

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90138 014 ****61.25

DOCUMENT # 708762
 Entity Name
HOLLYWOOD, FLORIDA SECTION, NATIONAL COUNCIL OF

A0056565



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		Mailing Address	
3731 OTTAWA LANE COOPER CITY FL 33026		3610 N 52 AVENUE HOLLYWOOD FL 33021-2248 US	
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	Applied For
59-1697661	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
SCHWARTZ, ELAINE J 3389 SHERIDAN STREET HOLLYWOOD FL 33021		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSMAN, FRANCES	NAME	
STREET ADDRESS	3771 N. PARK RD.	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIMMEL, PAULA	NAME	
STREET ADDRESS	3610 N 52 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOBEL, ELEANOR	NAME	
STREET ADDRESS	3700 N. 54TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, ELAINE	NAME	
STREET ADDRESS	4962 SARAZEN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENDORF, HARRIET	NAME	
STREET ADDRESS	3731 OTTAWA LANE	STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	CITY-ST-ZIP	
TITLE	FSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIENER, JUDY	NAME	
STREET ADDRESS	3981 N. 32 TERR.	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	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)(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 like empowered.

SIGNATURE: *Paula Schimmel* **FILED** 4-25-00 954-926-1060