2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee emp changed, or on an attachment with an address,

FILED **DOCUMENT # 730732** Apr 13, 2000 8:00 am Secretary of State 1. Entity Name WYNMOOR COMMUNITY COUNCIL, INC. 04-13-2000 90050 035 ****61.25 Principal Place of Business Mailing Address WYNMOOR COMMUNITY COUNCIL WYNMOOR COMMUNITY COUNCIL 1310 AVENUE OF THE STARS 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066-1485 COCONUT CREEK FL 33066 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 23-7398864 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) RAVO, PAT T. % WYNMOOR COMMUNITY COUNCIL, INC. 1310 AVENUE OF THE STARS City Zip Code **COCONUT CREEK FL 33066** 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE Detete TITLE NAME PANETZ, SAMUEL NAME STREET ADDRESS STREET ADDRESS 2201 K-2 LUCAYA BEND CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33066 VD. Delete TITLE Change ☐ Addition TITLE SALZMAN, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 2303 K-3 LUCAYA LANE CITY-ST-ZIP CITY-ST-7IP **COCONUT CREEK FL 33066** ☐ Change ☐ Addition ☐ Delete TITI F TITLE VD NAME NAME BARATZ, HAROLD STREET ADDRESS STREET ADDRESS 4702 H4 MARTINIQUE DR. CITY-ST-7IP CITY-ST-ZIP COCONUT CREEK FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME ganak, Julian STREET ADDRESS STREET ADDRESS 1701 ANDROS ISLE E-1 CITY-ST-7IP CITY-ST-ZIP COCONUT CK FL TITLE **VD** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME Wineman, Herman STREET ADDRESS STREET ADDRESS 2502 ANTIGUA TERR J-4 CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33066 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME KUSHNER, PAUL STREET ADDRESS STREET ADDRESS 2402 ANTIQUA CIRCLE APT D-3 CITY-ST-ZIP CITY-ST-ZIP COCONUT CK FL 33066 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 mystee empowered to execute by report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if./

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #