

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742278

1. Entity Name

FLORIDA GOLD COAST CHAPTER OF THE SOCIETY OF CHA

Principal Place of Business

118 SEA ISLAND TERRACE
BOCA RATON FL 33431

Mailing Address

118 SEA ISLAND TERRACE
BOCA RATON FL 33431-3907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1843498

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DRESBACK, DONALD E.
118 SEA ISLAND TERRACE
BOCA RATON FL 33431

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 D ☐ Delete
NAME CHERRIS, ROBERT
STREET ADDRESS 4700 NW BOCA RTON BLVD, SUITE 400
CITY-ST-ZIP BOCA RATON FL

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

TITLE VP ☒ Delete
NAME HOWARD BRENDA
STREET ADDRESS 457 BILL TRAITEL AVE
CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE VP ☐ Change ☒ Addition
NAME Eileen Yodanis
STREET ADDRESS 2933 NW 6th Terrace
CITY-ST-ZIP Wilton Manors, FL 33311

TITLE P ☒ Delete
NAME MIRANDA, JOSE
STREET ADDRESS 11620 NW 33 ST
CITY-ST-ZIP SUNRISE FL 33323

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

TITLE D ☐ Delete
NAME DRESBACK, DONALD
STREET ADDRESS 118 SEA ISLAND TERR
CITY-ST-ZIP BOCA RATON, FL 00000

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

TITLE TD ☐ Delete
NAME MCKEE, IRENE
STREET ADDRESS 2737 N.E. 28TH STREET
CITY-ST-ZIP LIGHTHOUSE POINT FL

TITLE S ☐ Change ☒ Addition
NAME Martin Koettters
STREET ADDRESS P.O. Box 2490
CITY-ST-ZIP Boca Raton, FL 33421

TITLE D ☒ Delete
NAME JOHNS, CHERYL
STREET ADDRESS 11065 NW 39 ST. #303
CITY-ST-ZIP SUNRISE FL 33351

TITLE P ☐ Change ☒ Addition
NAME Cheryl Johns
STREET ADDRESS 11065 NW 39th St. #303
CITY-ST-ZIP Sunrise, FL 33351

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2000

Date

561-994-9994

Daytime Phone #

CR2E037 (9/99)

LU008943



DO NOT WRITE IN THIS SPACE