2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
01-30-2001 90096 010 ****61.25

DOCUMENT # 742278

1. Entity Name

FLORIDA GOLD COAST CHAPTER OF THE SOCIETY OF CHA

Principal Place of Business	Mailing Address
118 SEA ISLAND TERRACE BOCA RATON FL 33431	118 SEA ISLAND TERRACE BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8164C ANDOVER CT	8164C ANDOVER CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BCH	City & State: WEST PALM BCH
Zip: 33406 Country: PALM BCH	Zip: 33406 Country: PALM BCH

4. FEI Number 59-1843498 ☐ 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
DRESBACK, DONALD E. 118 SEA ISLAND TERRACE BOCA RATON FL 33431	Name: PAMELA HUBBART Street Address (P.O. Box Number is Not Acceptable) 8164C ANDOVER CT City: WEST PALM BCH FL Zip Code: 33406

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 PAMELA HUBBART TRES Pamela Hubbart 1-16-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHERRIS, ROBERT 4700 NW BOCA RTON BLVD, SUITE 400 BOCA RATON FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP YODANIS, EILEEN 2933 NW 6TH TERRACE WILTON MANORS FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KOETTERS, MARTIN P O BOX 2490 BOCA RATON FL 33421	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOYCE VALLEY 901 PENINSULA CORP CIRCLE BOCA RATON, FL 33421 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRESBACK, DONALD 118 SEA ISLAND TERR BOCA RATON, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCKEE,, IRENE 2737 N.E. 28TH STREET LIGHTHOUSE POINT FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PAMELA HUBBART 8164C ANDOVER CT WEST PALM BCH, FL 33406 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHNS, CHERYL 11065 NW 39TH ST #303 SUNRISE FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Pamela Hubbart PAMELA HUBBART, TRES 1-16-01 561 9644003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #