

2002 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-28-2002 90040 044 ****61.25

DOCUMENT # 765509

1. Entity Name

FLORIDA GULF STREAM CHAPTER OF THE NINETY-NINES, INC.

Principal Place of Business

Mailing Address

**4465 SW 37 AVE
FORT LAUDERDALE FL 33312**

**4465 SW 37 AVE
FORT LAUDERDALE FL 33312**

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

NOT APPLICABLE

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

JOHNSTON, DIANNE

4465 SW 37 AVE

FORT LAUDERDALE FL 33312

Name

Eleanore Reichenbach

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

4465 S.W. 37 Ave.

City

Ft. Lauderdale

FL

33312

Zip Code

33312

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

Eleanore Reichenbach, Treasurer Eleanore Reichenbach 1-16-02

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

TITLE	TD	☐ Delete
NAME	REICHENBACH, ELEANORE	
STREET ADDRESS	4465 S.W. 37TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	CDC	☒ Delete
NAME	GUALANO, REGINA	
STREET ADDRESS	2885 S.W. 180 AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33029	
TITLE	S	☒ Delete
NAME	CICHOCKI, CHERLY	
STREET ADDRESS	6723 KINGSMOOR WAY	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VDCC	☒ Delete
NAME	CICHOCKI, CHERLY	
STREET ADDRESS	6723 KINGSMOOR WAY	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CDC	☒ Change ☐ Addition
NAME	Cichocki, Cheryl	
STREET ADDRESS	6723 Kingmoor Way	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	S	☒ Change ☐ Addition
NAME	Cichocki, Cheryl	
STREET ADDRESS	6723 Kingmoor Way	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	VDCC	☒ Change ☐ Addition
NAME	Miller, Lee Leger	
STREET ADDRESS	316 Bontona Ave.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(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:

Eleanore Reichenbach Eleanore Reichenbach 1/16/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)