

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90168 002 ****61.25

DOCUMENT # 766946

1. Entity Name

PROBUS CLUB OF NORTH BROWARD, FLORIDA, INC. ✓

Principal Place of Business

C/O LILY LANE
 7684 N.W. 18TH ST.
 MARGATE FL 33063-3122

Mailing Address

C/O LILY LANE
 7684 N.W. 18TH ST.
 MARGATE FL 33063-3122



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2289572

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

LIEBMAN, BESSIE
 7640 NW 18TH STREET
 MARGATE FL 33063

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	T	<input type="checkbox"/> Delete
NAME	LANE, LILY	
STREET ADDRESS	7684 N.W. 18TH ST.	
CITY-ST-ZIP	MARGATE, FL 33063 33063	
TITLE	C/S	<input type="checkbox"/> Delete
NAME	WALNICK, ESTELLE	
STREET ADDRESS	7610 N.W. 18TH ST	
CITY-ST-ZIP	MARGATE, FL 33063 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIPMAN HARRIET	
STREET ADDRESS	7684 NW 18TH ST.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANKLIN, RHODA,	
STREET ADDRESS	462 LAUREL DR.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAISE, SYLVIA	
STREET ADDRESS	7690 N.W. 18TH ST	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	P	<input type="checkbox"/> Delete
NAME	LIEBMAN, LEON	
STREET ADDRESS	7640 NW 18TH STREET	
CITY-ST-ZIP	MARGATE FL 3306	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIEBMAN, BESS	
STREET ADDRESS	7640 NW 18 ST.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DABROW, ESTELLE	
STREET ADDRESS	7684 N.W. 18 ST.	
CITY-ST-ZIP	MARGATE, FL. 33063	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROEGER, RALPH	
STREET ADDRESS	1480 N.W. 80 AVE.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAISE, SYLVIA	
STREET ADDRESS	7640 N.W. 18 ST.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X *Lily Lane* **REQUIRED**

LILY LANE
 TREAS. 1/29/01 973-0049