

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90175 044 ****61.25

DOCUMENT # N04035

1. Entity Name

FRIENDS OF SECRET WOODS, INC.

Principal Place of Business

**FRIENDS OF SECRET WOOD
 2701 W SR 84
 FT LAUDERDALE FL 33312
 US**

Mailing Address

**FRIENDS OF SECRET WOODS
 2701 W SR 84
 FT LAUDERDALE FL 33312
 US**

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

**TAYLOR, MOLLY
 6420 ROOSEVELT STREET
 HOLLYWOOD FL 33024**

Name **MIDDLEMAN APRIL C.**

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

City **HOLLY WOOD**

FL

Zip Code **33019**

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

April C. Middleman

TREASURER

4/02/00

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 Delete
 NAME **PD MAUCK, KAREN**
 STREET ADDRESS **616 NW 22 CT**
 CITY-ST-ZIP **WILTON MANORS FL 33311**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD DEGNAN, JULIE**
 STREET ADDRESS **1617 SE 2ND COURT**
 CITY-ST-ZIP **FT LAUDERDALE FL 33303**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS MURRAY, ANNE**
 STREET ADDRESS **608 SW 7TH AVENUE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33315**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD TAYLOR, MOLLY**
 STREET ADDRESS **6420 ROOSEVELT STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE Change Addition
 NAME **~~VPD~~ VICE PRESIDENT**
 STREET ADDRESS **TAYLOR MOLLY**
 CITY-ST-ZIP **6420 ROOSEVELT ST.
 HOLLYWOOD FL 33024**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **TREASURER**
 STREET ADDRESS **MIDDLEMAN, APRIL C.**
 CITY-ST-ZIP **843 HARRISON ST.
 HOLLYWOOD FL 33019**

TITLE Delete
 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:

APRIL C. MIDDLEMAN **APRIL C. MIDDLEMAN** **4/02/00** **(954) 969-2200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date

Daytime Phone #

CR2F037 (9/99)