

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N04403**

1. Entity Name

THE FRIENDS OF THE HEPBURN CENTER INCORPORATED

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90164 029 ****61.25

Principal Place of Business 750 N.W. 8TH AVE. HALLANDALE FL 33009 US	Mailing Address %ARNOLD N. LANNER 1980 S OCEAN DRIVE, APT 14-J HALLANDALE FL 33009-5936
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2710007	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LANNER, ARNOLD N.
1980 S OCEAN DRIVE
APT 14-J
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	CD LANNER, ARNOLD 1980 S OCEAN DRIVE HALLANDALE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROSNER, AL 1980 S. OCEAN DR. HALLANDALE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC BELTZER, SYLVIA 1000 NE 14TH AVENUE HALLANDALE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAVIER, HARRIET 810 N.E. 12TH AVE. HALLANDALE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUPFER, JACK 800 PARKVIEW DRIVE HALLANDALE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANNER, JOANNE 1980 S. OCEAN DR HALLANDALE FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S PENTACOST, JACQUELINE 2001 ATLANTIC SHORES BLVD HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, JAMES 542 BLUE HERON DRIVE HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/TC KUPFER, JACK 800 PARKVIEW DRIVE HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **REQUIRED**

Date: **1/28/2000** Daytime Phone #: **954-457-1460**

CR2E037 (9/99)