

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90176 001 \*\*\*\*61.25  
 03-03-2000 90176 002 \*\*\*\*\*8.75

**DOCUMENT # N22690 (4)**  
 1. Entity Name  
**NEWCOMERS CLUB OF CORAL SPRINGS, INC**

Principal Place of Business Mailing Address  
**Newcomers Club of Coral Springs, Inc**  
**P.O. Box 8397**  
**Coral Springs, FL 33075**

- 10612

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

4. FEI Number **65-00-16048**  
 Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Sommerer, Diane K.**  
**1881 University Dr**  
**Suite 107**  
**Coral Springs, FL 33071**

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 <b>P/D</b> <input type="checkbox"/> Delete	NAME <b>Finch, Linda</b> STREET ADDRESS <b>8842 NW20th Manor</b> CITY-ST-ZIP <b>Coral Springs, FL 33071</b>
TITLE <b>V/D</b> <input type="checkbox"/> Delete	NAME <b>Cerney, Vicki</b> STREET ADDRESS <b>10281 N.W. 54th st</b> CITY-ST-ZIP <b>Coral Springs, FL 33076</b>
TITLE <b>V/D</b> <input type="checkbox"/> Delete	NAME <b>Clayton, Louise</b> STREET ADDRESS <b>9570 N.W.24th Coprt</b> CITY-ST-ZIP <b>Coral Springs, FL 33065</b>
TITLE <b>V/D</b> <input type="checkbox"/> Delete	NAME <b>Kloor, Barbara</b> STREET ADDRESS <b>1827 82nd Ave</b> CITY-ST-ZIP <b>Coral Springs, FL33071</b>
TITLE <b>S/D</b> <input type="checkbox"/> Delete	NAME <b>Ellen Turpin</b> STREET ADDRESS <b>7220 Lake Circe Dd</b> CITY-ST-ZIP <b>Margate, FL 33063</b>
TITLE <b>D/T</b> <input type="checkbox"/> Delete	NAME <b>Schneider, Barbara</b> STREET ADDRESS <b>8773 N.W. 27th St</b> CITY-ST-ZIP <b>Coral Springs, FL 33065</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Cerney, Vicki</b> STREET ADDRESS <b>10281 N.W. 54th PL</b> CITY-ST-ZIP <b>Coral Springs, FL 33076</b>
TITLE <b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Diehl, Kathy</b> STREET ADDRESS <b>6433 N.W. 79th Way</b> CITY-ST-ZIP <b>Parkland, FL 33067</b>
TITLE <b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Burris, Ginger</b> STREET ADDRESS <b>3673 N.W. 98 Terr.</b> CITY-ST-ZIP <b>Coral Springs, FL 33065</b>
TITLE <b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Lezdey, Carol</b> STREET ADDRESS <b>474 Shadowwood Lane</b> CITY-ST-ZIP <b>Coral Springs, FL 33071</b>
TITLE <b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Higgins, Amy</b> STREET ADDRESS <b>1049 N.W. 84 Dr</b> CITY-ST-ZIP <b>Coral Sp ings, Fl 33071</b>
TITLE <b>D/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Westerheim, Sophie</b> STREET ADDRESS <b>5300 N. Springs Way</b> CITY-ST-ZIP <b>Coral Springs, FL 33076</b>

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 another like empowered.

SIGNATURE: *Sophie Westerheim* 3/28/2000 (954) 765-0917

CR2E037 (9/99)