

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90011 006 ****70.00

DOCUMENT # N22690

1. Entity Name

NEWCOMERS CLUB OF CORAL SPRINGS, INC.

Principal Place of Business

Mailing Address

1881 UNIVERSITY DRIVE
 P.O. BOX 8397
 CORAL SPRINGS FL 33075-5397

POST OFFICE BOX 8397
 NEWCOMERS CLUB OF CORAL SPRINGS INC
 CORAL SPRINGS FL 33075
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0016048

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

7. Name and Address of New Registered Agent

SOMMERER, DIANE K.
1881 UNIVERSITY DR.
SUITE 107
CORAL SPRINGS FL 33071

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: Delete
 NAME: **D FINCH, LINDA**
 STREET ADDRESS: **8842 NW 20TH MANOR**
 CITY-ST-ZIP: **CORAL SPRINGS FL 33071**

TITLE: Change Addition
 NAME: **D Cerny, Vicky**
 STREET ADDRESS: **10281 NW 54th PL**
 CITY-ST-ZIP: **Coral Springs, FL 33076**

TITLE: Delete
 NAME: **PD CERAY, VICKY**
 STREET ADDRESS: **10281 NW 54TH PL**
 CITY-ST-ZIP: **CORAL SPRINGS FL 33076**

TITLE: Change Addition
 NAME: **PD Louise Clayton**
 STREET ADDRESS: **9570 NW 24th Ct**
 CITY-ST-ZIP: **Coral Springs, FL 33065**

TITLE: Delete
 NAME: **VD DIEHL, KATHY**
 STREET ADDRESS: **6433 NW 79TH WAY**
 CITY-ST-ZIP: **PARKLAND FL 33067**

TITLE: Change Addition
 NAME: **VD Donna Johnson**
 STREET ADDRESS: **1828 NW 124 Ave**
 CITY-ST-ZIP: **Coral Springs, FL 33071**

TITLE: Delete
 NAME: **SD HIGGINS, AMY**
 STREET ADDRESS: **1049 NW 84 DR**
 CITY-ST-ZIP: **CORAL SPRINGS FL 33071**

TITLE: Change Addition
 NAME: **SD Beverly Misus**
 STREET ADDRESS: **6300 NW 53rd St**
 CITY-ST-ZIP: **Coral Springs, FL 33067**

TITLE: Delete
 NAME: **VD BURRIS, GINGER**
 STREET ADDRESS: **3673 NW 98 TERR**
 CITY-ST-ZIP: **CORAL SPRINGS FL 33085**

TITLE: Change Addition
 NAME: **VD Carol Brady**
 STREET ADDRESS: **7126 NW 45th St**
 CITY-ST-ZIP: **Coral Springs, FL 33065**

TITLE: Delete
 NAME: **DT WESTERHEIM, SOPHIE**
 STREET ADDRESS: **5300 N SPRINGS WAY**
 CITY-ST-ZIP: **CORAL SPRINGS FL 33076**

TITLE: Change Addition
 NAME: **DT Barbara Kloor**
 STREET ADDRESS: **1827 NW 82nd Ave**
 CITY-ST-ZIP: **Coral Springs, FL 33071**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01 954-345-1541

Date

Daytime Phone #

CR2E037 (10/00)