

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003379

1. Entity Name

GILDA'S CLUB OF SOUTH FLORIDA, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90050 018 ****61.25

Principal Place of Business	Mailing Address
C/O NICHOLAS MASI EXECUTIVE DIRECTOR 4340 SHERIDAN ST STE 102 HOLLYWOOD FL 33021 US	C/O NICHOLAS MASI EXECUTIVE DIRECTOR 4340 SHERIDAN ST STE 102 HOLLYWOOD FL 33316-1043 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 119 Rose Drive Suite, Apt. #, etc. Fort Lauderdale, FL City & State 33316 Zip	3. Mailing Address 119 Rose Drive Suite, Apt. #, etc. Fort Lauderdale, FL City & State 33316 Zip
Country Broward	Country Broward

4. FEI Number 65-0528626	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

MANIGIERO, DAVID
5210 POLK ST
HOLLYWOOD FL 33021

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	EDINOFF, LYNN	
STREET ADDRESS	6331 NE 20TH TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANSKY, MICHAEL	
STREET ADDRESS	6311 GAUNTLET HALL LANE	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARTLEY, BARBARA	
STREET ADDRESS	600 N 35TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	T	<input type="checkbox"/> Delete
NAME	FROST, KATHY	
STREET ADDRESS	9345 CHELSEA DR N	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASI, WENDY	
STREET ADDRESS	2401 LAGUNA DR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	AHERN DEBORAH	
STREET ADDRESS	1077 DEERWOOD LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sheri Westwood 2/1/00 (954) 262-6936
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (9/99)