

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 22, 2001 8:00 am**  
**Secretary of State**

02-22-2001 90124 009 \*\*\*\*61.25

**DOCUMENT # N95000003578**

1. Entity Name  
**DISTRICT VII COMMUNITY COUNCIL, INC.**

Principal Place of Business      Mailing Address  
 7515 N.W. 88 AVE.                      7515 N.W. 88 AVE.  
 TAMARAC FL 33321                      TAMARAC FL 33321

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      Applied For  
**65-0600448**      Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**STROKER, GEORGE L**  
**7515 N.W. 88 AVE.**  
**TAMARAC FL 33321**

7. Name and Address of New Registered Agent  
 Name **MEL STONE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8638 NW 82 STREET**  
 City **TAMARAC**      FL      Zip Code **33321**

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 **MEL STONE PRESIDENT**      *Mel Stone*      **1/11/01**  
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

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GOLDSTEIN, MICHAEL</b><br><b>7515 N.W. 85TH AVE.</b><br><b>TAMARAC FL 33321</b>                             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>HIRSCHBEIN, JACK</b><br><b>7658 FAIRFAX DRIVE, BLDG 1</b><br><b>TAMARAC FL 33321</b>                        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><del><b>JAMES BERNARD</b></del><br><del><b>9953 N BELFORT CIR.</b></del><br><del><b>TAMARAC FL 33321</b></del> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MEL STONE PRESIDENT</b><br><b>8638 NW 82 STREET</b><br><b>TAMARAC, FL 33321</b>                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TREASURER</b><br><b>CHARLES ROTHMAN</b><br><b>7626 NW 87 AVENUE</b><br><b>TAMARAC, FL 33321</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SECRETARY</b><br><b>ALLEN PERLMAN</b><br><b>7901 NW 83 STREET</b><br><b>TAMARAC, FL 33321</b>   | <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: *Charles Rothman*      **CHARLES ROTHMAN**      **1/10/01**      **(954) 722-2087**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)