

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 06, 2001 8:00 am
Secretary of State

05-03-2001 90918 002 ****61.25

DOCUMENT # N96000000681

1. Entity Name

WOMEN'S CHAMBER OF COMMERCE OF BROWARD COUNTY, I

Principal Place of Business

Mailing Address

1777 SOUTH ANDREWS AVE
 STE 301
 FORT LAUDERDALE FL 33316
 US

1777 SOUTH ANDREWS AVE
 STE 301
 FORT LAUDERDALE FL 33316
 US

48086



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

908 S Andrews Ave
 Suite, Apt. #, etc.

908 S Andrews Ave
 Suite, Apt. #, etc.

City & State

City & State

FORT LAUD, FL

FORT LAUD., FL

4. FEI Number

65-0657981

Applied For

Not Applicable

Zip
 33316

Country
 BROWARD

Zip
 33316

Country
 BROWARD

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GORMLEY, IMELDA~~ **ELLYN S. BOGDANOFF**
 1777 SOUTH ANDREWS AVE, STE 301
 FORT LAUDERDALE FL 33316

Name **ELLYN SETOR BOGDANOFF**
 Street Address (P.O. Box Number is Not Acceptable)
908 S ANDREWS AVENUE

City **Fort Lauderdale** FL Zip Code **33316**

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, if applicable.

(NOTE: For, stated 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	President D <input type="checkbox"/> Delete
NAME	BOGDANOFF, ELLYN S
STREET ADDRESS	908 S ANDREWS AVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33316
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	GORMLEY, IMELDA
STREET ADDRESS	1777 S ANDREWS AVE 301
CITY-ST-ZIP	FORT LAUDERDALE FL 33316
TITLE	CHAIR D <input type="checkbox"/> Delete
NAME	CICERONE, ANGEL
STREET ADDRESS	1800 SOUTH AUSTRALIAN AVE STE 102
CITY-ST-ZIP	WEST PALM BEACH FL 33409
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	KAMEN-SCHULNER, TERRI
STREET ADDRESS	1125 GINGER CIRCLE
CITY-ST-ZIP	WESTON FL 33326
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CHOATES, GAIL
STREET ADDRESS	224 COMMERCIAL BLVD STE 308
CITY-ST-ZIP	FT BY THE SEA FL 33008
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MUSIC, SANDI
STREET ADDRESS	901 S. FEDERAL HIGHWAY
CITY-ST-ZIP	HALLANDALE FL 33009

TITLE	Age <input checked="" type="checkbox"/> Addition
NAME	Carolyn Carvo
STREET ADDRESS	One Financial Plaza, Suite 2020
CITY-ST-ZIP	FT LAUDERDALE FL 33304
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)(f), 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

Date

Daytime Phone #

CR2E037 (10/00)