

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002460

1. Entity Name

Broward County Parent Support Group, Inc.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90005 048 ****61.25

Principal Place of Business
7780 NW 39 St.
Hollywood, FL
US 33024

Mailing Address
7780 NW 39 St.
Hollywood, FL
US 33024

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

65-0754631

Applied For

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

7. Name and Address of New Registered Agent

Christine Bucher
7780 NW 39 St.
Hollywood, FL 33024

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

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 NAME STREET ADDRESS CITY-ST-ZIP	SD Maureen Calderara 6341 NW 16 St. Margate, FL 33063	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gladfelter Joan 10898 NW 23rd Ct. Sunrise, FL 33323	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pieraldi, Daisy 1323 Hampton Blvd. N. Lauderdale, FL 33068	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Capita, Harriet 3140 NW 65 Pr. Ft. Lauderdale, FL 33309	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Heinzman, Beth 10640 NW 26 Pl Sunrise, FL 33322	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cheryl Valerio 7021 Park St. Hollywood, FL 33024	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Christine Bucher Christine Bucher 4/20/00 (954) 8453-436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)