

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90062 040 \*\*\*\*61.25

**DOCUMENT # N99000002969**

1. Entity Name

**FRIENDS OF ANNE KOLB NATURE CENTER, INC.**

Principal Place of Business

Mailing Address

751 SHERIDAN STREET  
 HOLLYWOOD FL 33019

751 SHERIDAN STREET  
 HOLLYWOOD FL 33019-4701

**942061**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

**CASE, SARA**  
**751 SHERIDAN STREET**  
**HOLLYWOOD FL 33019**

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 **D** ☐ Delete  
 NAME **BARNHARDT, MARCIA**  
 STREET ADDRESS **2320 N 37 AVE**  
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BLAKE, SUZANNE**  
 STREET ADDRESS **1245 VANBUREN ST**  
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **COUTURE, CONNIE**  
 STREET ADDRESS **614 TRAFLAGLER CT**  
 CITY-ST-ZIP **DANIA BEACH FL 33004**

TITLE **D** ☐ Change ☐ Addition  
 NAME **DEGNAN, JULIE**  
 STREET ADDRESS **1617 SE 2nd Court**  
 CITY-ST-ZIP **FT. Lauderdale, FL 33301**

TITLE **D** ☒ Delete  
 NAME **EICHERT, NANCY**  
 STREET ADDRESS **851 HARRISON ST**  
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **D** ☒ Change ☐ Addition  
 NAME **RUSSO, PAULA**  
 STREET ADDRESS **2103 North 19th Ave.**  
 CITY-ST-ZIP **Hollywood FL 33020**

TITLE **D** ☒ Delete  
 NAME **ROTH, STANLEY**  
 STREET ADDRESS **1425 ARTHUR ST #404**  
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **RUTTENBERG, ED**  
 STREET ADDRESS **200 ASHBURY RD #107**  
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ Change ☐ 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: Suzanne Blake **SIGNATURE REQUIRED**

4/6/00 951-826-2312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #