

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90016 016 ****61.25

0016440

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

TITLE Change Addition
 NAME **V/Dry Emery, Russell**
 STREET ADDRESS **6811 Forrest Street**
 CITY-ST-ZIP **Hollywood, FL 33024**

TITLE Delete
 NAME **D BEGNAN, JULIE**
 STREET ADDRESS **1617 SE 2ND COURT**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE Change Addition
 NAME **S/D Jordan Howes**
 STREET ADDRESS **12280 NW 12 Court**
 CITY-ST-ZIP **Pembroke Pines, FL 33026**

TITLE Delete
 NAME **D RUSSO, PAULA**
 STREET ADDRESS **2103 NORTH 19TH AVE**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE Change Addition
 NAME **D Connie Couture**
 STREET ADDRESS **614 Trafalgar Court**
 CITY-ST-ZIP **Dania Beach, FL 33004**

TITLE Delete
 NAME **D LEWIS, JOHN**
 STREET ADDRESS **235 SW 7TH STREET**
 CITY-ST-ZIP **DANIA FL 33004**

TITLE Change Addition
 NAME **D Elsie Spechler**
 STREET ADDRESS **1311 Fillmore Street**
 CITY-ST-ZIP **Hollywood, FL 33019**

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

TITLE Change Addition
 NAME **T/D Russo, Paula**

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

TITLE Change Addition
 NAME **P/D Blake; Suzanne**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-02

(954)926-2312

Date

Daytime Phone #

CR2E037 (9/01)