

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04403

1. Entity Name

THE FRIENDS OF THE HEPBURN CENTER INCORPORATED

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90164 029 ****61.25

Principal Place of Business

750 N.W. 8TH AVE.
HALLANDALE FL 33009
US

Mailing Address

%ARNOLD N. LANNER
1980 S OCEAN DRIVE, APT 14-J
HALLANDALE FL 33009-5936

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2710007

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

LANNER, ARNOLD N.
1980 S OCEAN DRIVE
APT 14-J
HALLANDALE FL 33009

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 CD
STREET ADDRESS LANNER, ARNOLD
CITY-ST-ZIP 1980 S OCEAN DRIVE
HALLANDALE FL

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

TITLE ☒ Delete
NAME VPD
STREET ADDRESS ROSNER, AL
CITY-ST-ZIP 1980 S. OCEAN DR.
HALLANDALE FL

TITLE ☐ Change ☐ Addition
NAME D/S
STREET ADDRESS PENTACOST, JACQUELINE
CITY-ST-ZIP 2001 ATLANTIC SHORES BLVD
HALLANDALE BEACH, FL 33009

TITLE ☒ Delete
NAME TC
STREET ADDRESS BELTZER, SYLVIA
CITY-ST-ZIP 1000 NE 14TH AVENUE
HALLANDALE FL

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS QUINN, JAMES
CITY-ST-ZIP 542 BLUE HERON DRIVE
HALLANDALE BEACH, FL 33009

TITLE ☐ Delete
NAME D
STREET ADDRESS HAVIER, HARRIET
CITY-ST-ZIP 810 N.E. 12TH AVE.
HALLANDALE FL

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

TITLE ☐ Delete
NAME D TCD
STREET ADDRESS KUPFER, JACK
CITY-ST-ZIP 800 PARKVIEW DRIVE
HALLANDALE FL

TITLE ☐ Change ☐ Addition
NAME D/TC
STREET ADDRESS KUPFER, JACK
CITY-ST-ZIP 800 PARKVIEW DRIVE
HALLANDALE BEACH, FL 33009

TITLE ☐ Delete
NAME D
STREET ADDRESS LANNER, JOANNE
CITY-ST-ZIP 1980 S. OCEAN DR
HALLANDALE FL

TITLE ☐ Change ☐ Addition
NAME SAME
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:

Arnold N. Lanner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2000

Date

954-457-1460

Daytime Phone #

CR2E037 (9/99)