

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 737903**

1. Entity Name

THE HALLANDALE - PEMBROKE PARK CHAMBER OF COMMER

Principal Place of Business

1117 E HALLANDALE BCH BLVD
#5
HALLANDALE FL 33009
US

Mailing Address

P.O. BOX 249
HALLANDALE FL 33008-0249
US

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

59-1717977

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

HIBBITTS, CYNTHIA J.
1117 E HALLANDALE BEACH BLVD
HALLANDALE FL 33309

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

TITLE PED ☐ Delete
NAME WINFIELD, GEORGIA
STREET ADDRESS 500 S FEDERAL HIGHWAY
CITY-ST-ZIP HALLANDALE FL 33009TITLE VPD ☐ Delete
NAME PETERSEN, HARRY
STREET ADDRESS 1250 E HALLANDALE BEACH BLVD
CITY-ST-ZIP HALLANDALE FL 33009TITLE VPD ☒ Delete
NAME RIPPLE, SETH
STREET ADDRESS 1000 E HALLANDALE BEACH BLVD
CITY-ST-ZIP HALLANDALE FL 33009TITLE P ☐ Delete
NAME SAYFIE, JORDAN
STREET ADDRESS 1117 E HALLANDALE BEACH BLVD
CITY-ST-ZIP HALLANDALE FL 33009TITLE S D ☐ Delete
NAME CYNTHIA J. HIBBITTS
STREET ADDRESS 1117 E HALLANDALE BCH BLVD
CITY-ST-ZIP HALLANDALE FL 33009TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P P ☐ Change ☐ Delete
NAME Winfield, Georgia
STREET ADDRESS 500 S. Federal Hwy.
CITY-ST-ZIP Hallandale, Fl. 33009TITLE PED ☐ Change ☐ Delete
NAME Armin Lovenvirth
STREET ADDRESS 1995 E. Hallandale Sch. Blvd.
CITY-ST-ZIP Hallandale, Fl. 33009TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
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 changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 MAR -8 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

TS

2/4/00 954-454-05