

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N97003002460

1. Entity Name

Broward County Parent Support Group, Inc

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

Christine Bucher  
 7780 NW 39 St.  
 Hollywood, FL 33024

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 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)