

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # N94000004554

1. Entity Name

BROWARD WOMEN'S ALLIANCE, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-11-2000 90232 029 ****61.25

Principal Place of Business
POST OFFICE BOX 1463
FORT LAUDERDALE FL 33302
US

Mailing Address
POST OFFICE BOX 1463
FORT LAUDERDALE FL 33302-1463
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0522756**
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
KAPLAN, GAIL C
5100 W COMMERCIAL BLVD
#401
FT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent
Name **Elaine F. Blattner**
Street Address (P.O. Box Number is Not Acceptable) **3301 College Avenue**
Fort Lauderdale, FL
City **FL** Zip Code **33314**

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 **Elaine F. Blattner**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/31/00**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KAPLAN, GAIL 3477 PINE HAVEN CIRCLE BOCA RATON FL 33431 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REIDEL, MARY 4255 NW 26TH AVE BOCA RATON FL 33434 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BONEVAC, JUDY B 2780 E OAKLAND PARK BLVD FT LAUDERDALE FL 33306 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mary Reidel 4255 N.W. 26 Ave Boca Raton FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - V <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Elaine F. Blattner 3301 College Ave Fort Lauderdale FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer - T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lynne Winsor P.O. Box 1463 Ft. Lauderdale FL 33302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Lynne Winsor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00 (954) 745-2956
Date Daytime Phone #

CR2E037 (9/99)