

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90086 034 ****61.25

DOCUMENT # 718552

1. Entity Name

**MAINLANDS SECTION FOUR CIVIC AND RECREATION ASSO
 CIATION, INC.**

Principal Place of Business

**4630 NORTHWEST 46TH STREET
 TAMARAC FL 33319**

Mailing Address

**4630 NORTHWEST 46TH STREET
 TAMARAC FL 33319**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1430122**

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

**GEBELL, ANTHONY
 4637 N.W. 45TH CT.
 TAMARAC FL 33319**

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 **PD** ☐ Delete
 NAME **GULD, JAMES**
 STREET ADDRESS **4703 NW 44TH COURT**
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **THELMA ZIMBEROFF** ☒ Change ☐ Addition
 NAME **THELMA ZIMBEROFF**
 STREET ADDRESS **4512 N.W. MONTERAY DRIVE**
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **V** ☐ Delete
 NAME **ZIMBERHOFF, THELMA**
 STREET ADDRESS **4512 MONTERAY DRIVE**
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **MARIANNE GAURNIER** ☒ Change ☐ Addition
 NAME **MARIANNE GAURNIER**
 STREET ADDRESS **4713 N.W. 44 CT**
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **SD** ☐ Delete
 NAME **LA FAYETTE, DORIS**
 STREET ADDRESS **4513 NW 47TH TERRACE**
 CITY-ST-ZIP **TAMARAC FL 33319**

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

TITLE **TD** ☐ Delete
 NAME **KAVELEAR, ELEANOR**
 STREET ADDRESS **4707 NW 47TH TERRACE**
 CITY-ST-ZIP **TAMARAC FL 33319**

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

TITLE **TD** ☐ Delete
 NAME **MORSE, EDWARD**
 STREET ADDRESS **4718 NW 44TH STREET**
 CITY-ST-ZIP **TAMARAC FL 33319**

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

TITLE **SCD** ☐ Delete
 NAME **WAITE, EDWINA**
 STREET ADDRESS **4900 NW 48TH AVENUE**
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **JEAN MURPHY** ☒ Change ☐ Addition
 NAME **JEAN MURPHY**
 STREET ADDRESS **4516 N.W. 47 TERR**
 CITY-ST-ZIP **TAMARAC FL 33319**

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:

SIGNATURE REQUIRED

2-11-02 Eleanore Kavelear Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)