

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 6006487

1. Entity Name

WEST BROWARD WOMEN'S CENTER, INC.

APPROVED
AND
FILED

00 MAY -2 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

333 NW 70th Avenue
Suite 120
Plantation, FL 33317

4651 Sheridan Street
Suite 400
Hollywood, FL 33021

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

64-0471804

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

7. Name and Address of New Registered Agent

Greenberg, Warren M.
333 NW 70th Avenue, Suite 120
Plantation, FL 33317

Name

Martus, Jay A., Esq.

Street Address (P.O. Box Number is Not Acceptable)

4651 Sheridan Street

Suite 400

City

Hollywood

FL

Zip Code
33021

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

May 1, 2000

DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input checked="" type="checkbox"/> Delete
NAME Rinella, John L.	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME Hudanich, R.	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME Greenberg, Warren M.	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> Delete
NAME Ralph, Jonathan	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME Sijin, Odalis	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME Danoff, Burton H.	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Eisenberg, Mitchell	
STREET ADDRESS 4651 Sheridan Street, Suite 400	
CITY-ST-ZIP Hollywood, FL 33021	
TITLE EVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Gold, Lewis	
STREET ADDRESS 4651 Sheridan Street, Suite 400	
CITY-ST-ZIP Hollywood, FL 33021	
TITLE VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Martus, Jay A.	
STREET ADDRESS 4651 Sheridan Street, Suite 400	
CITY-ST-ZIP Hollywood, FL 33021	
TITLE CFOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Coward, Robert	
STREET ADDRESS 4651 Sheridan Street, Suite 400	
CITY-ST-ZIP Hollywood, FL 33021	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Greenberg, Warren M.	
STREET ADDRESS 333 NW 70th Avenue, Suite 120	
CITY-ST-ZIP Plantation, FL 33317	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000003235870--7
-05/03/00--01002--002
****150.00 ****150.00

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

WEST BROWARD WOMEN'S CENTER, INC.

SIGNATURE: By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jay A. Martus, Vice President and Secretary

Date

Daytime Phone #

CR2E034 (9/99)