

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90012 025 \*\*\*\*61.25

**DOCUMENT # 704230**

1. Entity Name

**GREATER PLANTATION CHAMBER OF COMMERCE, INC.**

Principal Place of Business

Mailing Address

7401 NW 4TH ST  
 PLANTATION FL 33317

7401 NW 4TH ST  
 PLANTATION FL 33317-2204

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0977809**

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

**SINIAWSKY, JEFFERY**  
**300 NW 82 AVE**  
**#505**  
**PLANTATION FL 33324**

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

*Jeffery S. SiniaWSKY, ATTORNEY*

*4/25/00*

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D**  Delete  
 NAME: **SCHREIBER, ALAN**  
 STREET ADDRESS: **7401 NW 4TH ST**  
 CITY-ST-ZIP: **PLANTATION FL**

TITLE: **President**  Change  Addition  
 NAME: **Siobhan Edwards**  
 STREET ADDRESS: **7401 NW 4 St.**  
 CITY-ST-ZIP: **Plantation, FL 33317**

TITLE: **STD**  Delete  
 NAME: **WILLIAMS, DOUGLAS**  
 STREET ADDRESS: **7401 NW. 4TH ST.**  
 CITY-ST-ZIP: **PLANTATION FL**

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

TITLE: **CD**  Delete  
 NAME: **HUNT, NED**  
 STREET ADDRESS: **7401 NW 4TH ST.**  
 CITY-ST-ZIP: **PLANTATION FL**

TITLE: **Chairwoman of the Board**  Change  Addition  
 NAME: **Barbara Jimmon**  
 STREET ADDRESS: **7401 NW. 4 Street**  
 CITY-ST-ZIP: **Plantation, FL 33317**

TITLE: **PED**  Delete  
 NAME: **MCKENZIE, CATHY**  
 STREET ADDRESS: **7401 NW 4TH ST.**  
 CITY-ST-ZIP: **PLANTATION FL**

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

TITLE: **D**  Delete  
 NAME: **LAYSTROM, BILL**  
 STREET ADDRESS: **1177 S.E. 3 AVE.**  
 CITY-ST-ZIP: **FT. LAUDERDALE FL**

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

TITLE: **D**  Delete  
 NAME: **DELORENZO, LYNN**  
 STREET ADDRESS: **1200 S. PINE ISLAND RD #170**  
 CITY-ST-ZIP: **PLANTATION FL 33324**

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

*Signature Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-25-00*

*954-589-1410*  
 Date Daytime Phone #



DO NOT WRITE IN THIS SPACE