

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707215

1. Entity Name

THE NORTH BROWARD SENIOR CITIZENS CLUB, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90084 044 ****61.25

Principal Place of Business

Mailing Address

2059 SW 17TH PLACE
DEERFIELD BCH. FL 33442

2059 SW 17TH PLACE
DEERFIELD BCH. FL 33442-6115

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

59-1086555

Applied For

Not Applicable

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

MINENNA, MICHAEL
2059 SW 17TH PLACE
DEERFIELD BCH. FL 33442

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 ☐ Delete
NAME TD
STREET ADDRESS MINENNA, MICHAEL
CITY-ST-ZIP 2059 SW 17TH PLACE
DEERFIELD BCH. FL

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS MINENNA, MICHAEL
CITY-ST-ZIP 2059 S.W. 17th Place
DEERFIELD BCH. FL 33442 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME D
STREET ADDRESS KRAGE, ENID
CITY-ST-ZIP 4100 CRYSTAL LAKE DR #402
POMPANO BCH. FL

TITLE ☐ Change ☐ Addition
NAME VP
STREET ADDRESS KOLESKY, EILEEN
CITY-ST-ZIP 1407 NE 28th Court
POMPANO BCH, FL. 33064 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME P
STREET ADDRESS KOLESKY, EILEEN
CITY-ST-ZIP 1407 NE 28TH COURT
POMPANO BCH FL

TITLE ☐ Change ☐ Addition
NAME SD
STREET ADDRESS LAMB, CATHERINE
CITY-ST-ZIP 770 SE 2ND AVE E107
DEERFIELD FL

TITLE ☐ Delete
NAME D
STREET ADDRESS CIUTTI, KAY
CITY-ST-ZIP 4502 N FEDERAL HWY
LIGHTHOUSE PT FL

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS MAZZUCA, LEONA
CITY-ST-ZIP 4304 NW 9th ave. #8
POMPANO BCH. FL. 33064 ☐ Change ☐ Addition

TITLE ☒ Delete
NAME D
STREET ADDRESS BROKAW, MARGARET
CITY-ST-ZIP 1365 S CYPRESS RD
POMPANO BCH FL

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS MAZZUCA, LEONA
CITY-ST-ZIP 4304 NW 9th ave. #8
POMPANO BCH. FL. 33064 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME D
STREET ADDRESS BROKAW, MARGARET
CITY-ST-ZIP 1365 S CYPRESS RD
POMPANO BCH FL

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: MICHAEL MINENNA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-2000

Date

954-427-1583

Daytime Phone #

CR2E037 (9/99)