

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707215

1. Entity Name

THE NORTH BROWARD SENIOR CITIZENS CLUB, INC.

Principal Place of Business

2059 SW 17TH PLACE
DEERFIELD BCH. FL 33442

Mailing Address

2059 SW 17TH PLACE
DEERFIELD BCH. FL 33442

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

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

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MINENNA, MICHAEL
2059 SW 17TH PLACE
DEERFIELD BEACH FL 33442 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KOLESKY, EILEEN
1407 NE 28TH COURT
POMPANO BEACH FL 33064 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAZZUCA, LEONA
4304 NW 9TH AVE #8
POMPANO BEACH FL 33064 ☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
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
MICHAEL MINENNA

4-3-01 954-427-1583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90435 046 ****61.25



DO NOT WRITE IN THIS SPACE