

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707310

1. Entity Name

FORT LAUDERDALE BUSINESS AND PROFESSIONAL WOMEN'

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90005 019 ****61.25

Principal Place of Business
C/O ELIZABETH ATHANASAKOS
2700 E OAKLAND PARK BLVD. STE D
FT LAUDERDALE FL 33306-1623
US

Mailing Address
C/O ELIZABETH ATHANASAKOS
2700 E OAKLAND PARK BLVD. STE D
FT LAUDERDALE FL 33306-1623
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1965647		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ATHANASAKOS, ELIZABETH 2700 E OAKLAND PARK BLVD STE D FORT LAUDERDALE FL 33306				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	SD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSHMAN, ELAINE		NAME		
STREET ADDRESS	4019 UPMINSTERK		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP	33442	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSTO, KAREN		NAME		
STREET ADDRESS	161 SOUTHEAST 13TH CT.		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	ASSIST. T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYLAND, ANTONIA		NAME	HYLAND, ANTONIA	
STREET ADDRESS	427 DEER CREEK RUN		STREET ADDRESS	SAME	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP	33442	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUFFELATO, JOANNE		NAME	ZUFFELATO	
STREET ADDRESS	3 NE 26 ST		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33305		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATHANASAKOS, ELIZABETH		NAME	ATHANASAKOS, ELIZABETH	
STREET ADDRESS	2700 E OAKLAND PK BLVD D		STREET ADDRESS	SAME	
CITY-ST-ZIP	FT LAUDERDALE FL 33306		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	APHRODITE P. SKIFF	
STREET ADDRESS			STREET ADDRESS	11063 CAMANOLE CASSENT	
CITY-ST-ZIP			CITY-ST-ZIP	DEERFIELD BEACH, FL 33442-3251	

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: ELIZABETH ATHANASAKOS 1/4/00 954 564-7545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)