

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90121 005 \*\*\*\*61.25

**DOCUMENT # 712674**

1. Entity Name

**GREATER CORAL GABLES CHAPTER #449 OF AMERICAN AS**

Principal Place of Business

Mailing Address

CORAL GABLES YOUTH CENTER  
 CORAL GABLES FL 33134  
 US

611 SW 47 COURT  
 MIAMI FL 33134-1405  
 US

00008846



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6209755**

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

**HANCHEY, JOSEPHINE**  
**611 SW 47 COURT**  
**MIAMI FL 33134**

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**  
**HANCHEY, JOSE PHINE**  
 STREET ADDRESS **611 SW 47 COURT**  
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD**  
**SILVERSTEIN, JANICE**  
 STREET ADDRESS **1765 SW 24 AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **CPMT**  
**CAMBELL, ANN**  
 STREET ADDRESS **6280 SW 16 TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SDT**  
**ANGELICA, ANITA**  
 STREET ADDRESS **7824 SW 35 TR**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE  Change  Addition  
 NAME **SPT**  
**BELSKY, NORMA**  
 STREET ADDRESS **6300 SW 16 TERRACE**  
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE  Delete  
 NAME **PD**  
**HANCHEY, WALLACE**  
 STREET ADDRESS **611 SW 47TH COURT**  
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:** *Josephine Hanchey*  
 SIGNATURE REQUIRED

*1/15/2000*

*305-444-1002*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)