

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714816

1. Entity Name

THE MAE VOLEN SENIOR CENTER, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90038 030 ****70.00

Principal Place of Business 1515 W. PALMETTO PARK ROAD PO BOX 2468 BOCA RATON FL 33486 US	Mailing Address 1515 W PALMETTO PARK ROAD BOCA RATON FL 33486-3307 US
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DO NOT WRITE IN THIS SPACE

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 59-2695062	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LUGO, ELIZABETH
1515 W. PALMETTO PARK ROAD
BOCA RATON FL 33486

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 *Elizabeth Lugo*
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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD FREUDENBERG, PAT 6152 N VERDE TRAIL BOCA RATON, FL 00000 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALTON, R. KEITH 2101 NW 2ND AVE. BOCA RATON FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCMASTER, SUE 920 NW 4TH AVE. BOCA RATON FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CULP, CHERYL 1277 W. PALMETTO PARK ROAD BOCA RATON FL 33486 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LUGO, ELIZABETH 1515 W PALMETTO PARK RD BOCA RATON FL 33486 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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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: *Elizabeth Lugo* ELIZABETH LUGO 1/27/00 561-395-8920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)