

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90079 039 ****70.00

DOCUMENT # 714816

1. Entity Name

THE MAE VOLLEN SENIOR CENTER, INC.

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
 US

2. Principal Place of Business

1515 West Palmetto Park Road

3. Mailing Address

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

7. Name and Address of New Registered Agent

LUGO, ELIZABETH

**1515 W. PALMETTO PARK ROAD
 BOCA RATON FL 33486**

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: **TD** ☐ Delete
 NAME: **WALTON, R. KEITH**
 STREET ADDRESS: **2101 NW 2ND AVE.**
 CITY-ST-ZIP: **BOCA RATON FL**

TITLE: **SD** ☐ Delete
 NAME: **RAYMOND, MINDY**
 STREET ADDRESS: **800 MEADOWS ROAD**
 CITY-ST-ZIP: **BOCA RATON FL 33486**

TITLE: **C** ☐ Delete
 NAME: **GOLDBERGER, MELVIA T**
 STREET ADDRESS: **7050 ISLESGROVE PLACE**
 CITY-ST-ZIP: **BOCA RATON FL 33432**

TITLE: **PCEO** ☐ Delete
 NAME: **LUGO, ELIZABETH**
 STREET ADDRESS: **1515 W PALMETTO PARK RD**
 CITY-ST-ZIP: **BOCA RATON FL 33486**

TITLE: **VCD** ☐ Delete
 NAME: **NEWSOME, EMMANUEL**
 STREET ADDRESS: **777 GLADES ROAD**
 CITY-ST-ZIP: **BOCA RATON FL 33433**

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE: ☒ Change ☐ Addition
 NAME: **GOLDBERGER, MELVIN T.**
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: ☐ Change ☐ Addition
 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: **X**

[Handwritten Signature]

2/20/02

CR2E037 (9/01)