

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717398

1. Entity Name

THE STARTING PLACE, INC.

Principal Place of Business

2057 COOLIDGE STREET
HOLLYWOOD FL 33020

Mailing Address

2057 COOLIDGE STREET
HOLLYWOOD FL 33020

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90009 003 ****70.00

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DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7047895

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LESSARD, MARGE
243 S.W. 15TH STREET
DANIA FL 33004

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

MARGE LESSARD, Vice President

Marge Lessard

1/10/01

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
VPD
LESSARD, MARGE
243 S.W. 15TH STREET
DANIA FL 33004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
YOUNG ANDREA
124 SW 98TH LANE
CORAL SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MARSHALL D. PLATT, ESQ.
4601 SHERIDAN STREET
HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHAFFER, SHELDON
1000 N. NORTH LAKE DR.
HOLLYWOOD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CASALE, MARK
841 CYPRESS PT DR. E.
PEMBROKE PINES FL ☐ 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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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

Sheldon Shaffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

9549266932

Date

Daytime Phone #

CR2E037 (10/00)

0001198