

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726926

1. Entity Name

THE CARVER RANCHES-WEST HOLLYWOOD CIVIC ASSOCIAT

Principal Place of Business

ASSOCIATION INC
4200 SOUTHWEST 25TH STREET
W HOLLYWOOD FL 33023
US

Mailing Address

4350 SW 21ST ST
4200 SOUTHWEST 25TH STREET
WEST HOLLYWOOD FL 33023-4410
US

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

65-0041941

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

COCKMAN, MADISON H ESQ
SUITE 303 MERDEDEZ E BLDG.
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 PD
NAME SAUNDERS, MARY
STREET ADDRESS 4200 S.W. 25TH STREET
CITY-ST-ZIP W HOLLYWOOD FL

☐ Delete

TITLE VT
NAME SMITH, ELLA J.
STREET ADDRESS 4531 S.W. 28TH STREET
CITY-ST-ZIP W HOLLYWOOD FL

☐ Delete

TITLE C
NAME SIMMONS, RUBY
STREET ADDRESS 9800 S.W. 13 CT.
CITY-ST-ZIP PEMBROKE PINES FL 33025

☐ Delete

TITLE T
NAME GAIL VICTOR
STREET ADDRESS 5572 SW 18TH ST
CITY-ST-ZIP W HOLLYWOOD FL

☐ Delete

TITLE D
NAME SAUNDERS, GEORGE
STREET ADDRESS 2000 S.W. 42ND AVENUE
CITY-ST-ZIP W HOLLYWOOD FL

☐ Delete

TITLE M
NAME ADKINS, VICKY
STREET ADDRESS 7500 LASALLE BLVD
CITY-ST-ZIP MIRAMAR FL 33023

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90036 006 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

5-3-00 (954) 983-0689