

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90043 023 ****61.25

DOCUMENT # 726926

1. Entity Name

THE CARVER RANCHES-WEST HOLLYWOOD CIVIC ASSOCIAT

Principal Place of Business

Mailing Address

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

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

Name

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

City

FL

Zip Code

**COCKMAN, MADISON H ESQ
 SUITE 303 MERDEDEZ E BLDG.
 FORT LAUDERDALE FL 33306**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 SAUNDERS, MARY
 4200 S.W. 25TH STREET
 W HOLLYWOOD FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ELEANOR TURNQUEST
 3800 S.W. 26TH ST.
 W. HOLLYWOOD, FL 33023** ☐ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**REV. DR. J. W. HRPBURN
 2311 S.W. 48TH AVE
 W. HOLLYWOOD, FL 33023** ☐ Change ☐ Addition

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

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

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

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

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

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

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

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: SIGNATURE REQUIRED

2-26-01 (954) 983-0685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)