NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

PENDING
03-14-2002 90087 015 ****61.25
09-17-2002 90105 048 ****70.25
726926

DOCUMENT # 726926

1. Entity Name
The CARVER RANCHES - WEST HOLLYWOOD CIVIC ASSOCIATION INC.

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FILED
02 OCT 02 PM 2:23
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	3. Mailing Address
4350 SW 21 ST.	5572 SW 18th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: W. Hollywood, FLA.	City & State: W. Hollywood FLA.
Zip: 33023 Country: BROWARD	Zip: 33023 Country: BROWARD

4. FEI Number — Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Claudia Victor
Street Address (P.O. Box Number is Not Acceptable): 5572 SW 18th St
City: West Hollywood FL Zip Code: 33023

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: Claudia Victor / Claudia Victor 9/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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	President / Director
NAME	GAIL Victor
STREET ADDRESS	5572 SW 18th ST.
CITY-ST-ZIP	W. Hollywood FLA 33023
TITLE	Vice President / Director
NAME	ELLA Smith
STREET ADDRESS	4531 SW 28th ST.
CITY-ST-ZIP	W HLWD FLA 33023
TITLE	
NAME	George Saunders
STREET ADDRESS	Treasurer / Director
CITY-ST-ZIP	4200 SW 23 St. W HLWD FLA. 33023
TITLE	Secretary
NAME	Ruby Simmons / Sec.
STREET ADDRESS	4350 SW 21 ST.
CITY-ST-ZIP	W. Hollywood FLA. 33023
TITLE	member
NAME	Vickie Atkins
STREET ADDRESS	4350 SW 21 St.
CITY-ST-ZIP	W HLWD FLA 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gail Victor / GAIL Victor 9/13/02 (954) 484-5743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #