

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736128

1. Entity Name

COOPER CITY CHAPTER #2568 OF AMERICAN ASSOCIATIO

Principal Place of Business

5155 S.W. 90 AVENUE  
COOPER CITY FL 33328

Mailing Address

5155 S.W. 90 AVENUE  
COOPER CITY FL 33328

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

95-3026116

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

MADSON, VIRGINIA I.  
11277 SW 58 PL  
COOPER CITY FL 33330

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 WILSON, GLADYS  
STREET ADDRESS 5155 SW 90TH AVE  
CITY-ST-ZIP COOPER CITY FL 33328 ☐ Delete

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

TITLE VP  
NAME PEMENTA, IDA  
STREET ADDRESS 11167 LONGBOAT DR  
CITY-ST-ZIP COOPER CITY FL 33328 ☒ Delete

TITLE VP  
NAME Reva Moore  
STREET ADDRESS 10278 S.W. 56 St  
CITY-ST-ZIP Cooper City FL 33328 ☐ Change ☒ Addition

TITLE TD  
NAME MADSON, VIRGINIA I.  
STREET ADDRESS 11750 SW 58 PL  
CITY-ST-ZIP COOPER CITY FL ☐ Delete

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

TITLE SD  
NAME BARTOLOMEIO, ELISA  
STREET ADDRESS 1981 N.W. 188 AVENUE  
CITY-ST-ZIP HOLLYWOOD FL 33029 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-01

Date

954-680-2233

Daytime Phone #

CR2E037 (10/00)

FILED  
Jan 30, 2001 8:00 am  
Secretary of State

01-30-2001 90037 012 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE