

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90213 016 \*\*\*\*61.25

**DOCUMENT # 736579**

1. Entity Name

**CORAL SPRINGS CHAPTER #2621 OF AMERICAN ASSOCIAT**

Principal Place of Business

10150 NW 29TH ST  
 CORAL SPRINGS FL 33071  
 US

Mailing Address

10777 W. SAMPLE RD.  
 909  
 CORAL SPRINGS FL 33065  
 US

**976786**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**95-3039480**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MASSEY, JR.**  
**8500 ROYAL PALM BLVD**  
**#44**  
**CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name

**IRENE HOFFMAN**

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

**10777 W. SAMPLE RD. #909**

City

**CORAL SPRINGS**

FL

Zip Code

**33065**

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

**IRENE HOFFMAN, PRES.**  
*Irene Hoffman*

**4/29/01**

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 **P** ☒ Delete  
 NAME **MASSEY, JR.**  
 STREET ADDRESS **8500 ROYAL APALM BLVD A414**  
 CITY-ST-ZIP **CORAL SPRING FL 33065**

TITLE **S** ☐ Delete  
 NAME **ARENA, NANCY**  
 STREET ADDRESS **9039 N.W. 21 CT**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **VD** ☐ Delete  
 NAME **DE LUCA, VINCENT**  
 STREET ADDRESS **9293 SHADOW WOOD DRIVE**  
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **VD** ☒ Delete  
 NAME **HOFFMAN, IRENE**  
 STREET ADDRESS **10777 W SAMPLE RD #909**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **T** ☐ Delete  
 NAME **BEIN, JANE**  
 STREET ADDRESS **1432 N.W. 93 TERR**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME **HOFFMAN, IRENE**  
 STREET ADDRESS **10777 W. SAMPLE RD. #909**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

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

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

TITLE ☒ Change ☐ Addition  
 NAME **DR. PETER FISHMAN**  
 STREET ADDRESS **11393 CORAZON CT.**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

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

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

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:

**JANE BEIN, TREAS.**  
**RECEIVED**

**4/30/01 (954) 753-6085**

CR2E037 (10/00)