

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90027 008 \*\*\*\*61.25

**DOCUMENT # 737764**

1. Entity Name

**LAUDERDALE DEBUTANTE PRESENTATION COMMITTEE, INC**

Principal Place of Business

Mailing Address

1890 SW 70TH AVE.  
 C/O J.D. ENNIS  
 PLANTATION FL 33317  
 US

1890 SW 70TH AVE.  
 C/O J.D. ENNIS  
 PLANTATION FL 33317-5031  
 US

2. Principal Place of Business

**1349 MIDDLE RIVER DRIVE**

Suite, Apt. #, etc.  
**C/O W. GUNDLACH**

City & State  
**FT LAUDERDALE, FL**

Zip  
**33304**

Country  
**USA**

3. Mailing Address

**1349 MIDDLE RIVER DRIVE**

Suite, Apt. #, etc.  
**C/O W. GUNDLACH**

City & State  
**FT LAUDERDALE FL**

Zip  
**33304**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1738901**

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

**BRUNT, BRUCE**  
**8699 SW 51 PLACE**  
**COOPER CITY FL 33328**

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 **DEE JAMES**

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	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>ENNIS, JERALD D</b>	
STREET ADDRESS	<b>1890 SW 70 AVE</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOLLOWELL, SUZANNE</b>	
STREET ADDRESS	<b>2748 NORTHEAST 27TH CT</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33306</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ENNIS, JERALDINE</b>	
STREET ADDRESS	<b>1890 SW 70TH AVE.</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GUNDLACH, WILLIAM</b>	
STREET ADDRESS	<b>1349 MIDDLE RIVER DR</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRUNT, BRUCE</b>	
STREET ADDRESS	<b>8699 SW 51 PLACE</b>	
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DEE, JAMES</b>	
STREET ADDRESS	<b>1585 S. OCEAN LANE #281</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GUNDLACH, LANELLE</b>	
STREET ADDRESS	<b>1349 MIDDLE RIVER DR</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33304</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P, T, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>33304</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMAS SHAHADY</b>	
STREET ADDRESS	<b>430 NE 131 AVE</b>	
CITY-ST-ZIP	<b>PLANTATION, FL 33325</b>	

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:

**BRUCE A BRUNT** 1/26/00 954 434 7444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)