2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # 737867** Jun 20, 2000 8:00 am 1. Entity Name **Secretary of State** GREATER POMPANO BEACH SENIOR CITIZENS CLUB.INC 06-20-2000 90005 028 ****61.25 Principal Place of Business Mailing Address POMPANO CIVIC CENTER P.O. BOX 2104 POMPANO BEACH FL 33061-2104 1801 NE 6 ST POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1818548 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BARTOS, GERALD 257 S. CYPRESS RD. APARTMENT 441 City Zip Code POMPANO BEACH FL 33060 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. 国民があり、政治的国 14、出自己的 15年 addice to the SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. X Addition ☐ Change TITLE ☐ Delete TITLE D BARTOS, GERALD NAME NAME Charles Dodge STREET ADDRESS STREET ADDRESS 257 S CYPRESS RD #441 5335 W. Hillsboro, Lot 728 CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL 33060 Reerfield Beach, FL 33962 TITLE ☐ Delete TITLE NAME WILSON, JOHN NAME Betty La Morte STREET ADDRESS STREET ADDRESS **600 PINE DR APT 112** 2289 SE 13th St. CITY-ST-ZIP. CITY-ST-ZIP POMPANO BEACH FL 33060 -Pompano Beach FL 33073 ☐ Addition Change TIT! F ☐ Delete TITLE DORIS O'CONNOR NAME NAME STREET ADDRESS STREET ADDRESS 415 N. E. 23RD AVE. CITY-ST-7IP CITY-ST-ZIP POMPANO BEACH FL ☐ Addition Change ☐ Delete TITLE UPRIGHT, DORIS NAME STREET ADDRESS STREET ADDRESS 802 SEC 7TH ST E-101 CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33441** ☐ Change ☐ Addition TITLE ☐ Delete ROGERS, J. GAYLE NAME NAME STREET ADDRESS STREET ADDRESS 257 S. CYPRESS RD. #443 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL

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

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

BARTOS, GEAN

257 S. CYPRESS DR #441

POMPANO BEACH FL

TITLE

NAME

STREET ADDRESS

SIGNATURE: \(\triangle \)

CITY-ST-ZIP

CEQUIDENS Upright.

Delete

TREASURER

(954) 427-9444 Daytime Phone #

Change

☐ Addition