

2000 UNIFORM BUSINESS REPORT (UBR)

8/1

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-16-2000 90010 050 ****61.25

DOCUMENT # 738692

1. Entity Name

JUNIOR'S CHARITABLE FUND, INC.

(R)

Principal Place of Business

P.O. BOX 6114
HOLLYWOOD FL 33081

Mailing Address

P.O. BOX 6114
HOLLYWOOD FL 33081

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

59-1766058

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

RONETTA UHL
3122 PIERCE ST
HOLLYWOOD FL 33021

Name **Suzie Martens**

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

2809 Morning Glory Lane

City **Davie**

FL

Zip Code

33328

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

Suzanne E Martens

8-1-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retreating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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** ☒ Delete
NAME **UHL, RONETTA**
STREET ADDRESS **3122 PIERCE ST.**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **President** ☒ Change ☐ Addition
NAME **Suzie Martens**
STREET ADDRESS **2809 Morning Glory Lane**
CITY-ST-ZIP **Davie, FL 33328**

TITLE **VD** ☐ Delete
NAME **SUZANNE MARTENS**
STREET ADDRESS **2809 MORNING GLORY LN**
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Patty Spasano**
STREET ADDRESS **3504 Arthur Street**
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE **TD** ☒ Delete
NAME **HOPKIN, MARTINA**
STREET ADDRESS **2824 MORNING GLORY LN**
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **Treasurer** ☐ Change ☐ Addition
NAME **Jennifer Strickman**
STREET ADDRESS **4951 SW 33rd Terr.**
CITY-ST-ZIP **Ft. Lauderdale, FL 33312**

TITLE **SD** ☒ Delete
NAME **DELIZZA, JANNE**
STREET ADDRESS **1602 EASTLAKE WAY**
CITY-ST-ZIP **WESTON FL 33320**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Marybeth Thompson**
STREET ADDRESS **17468 NW 8th Street**
CITY-ST-ZIP **Pembroke Pines, FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/00
Date

954-985-7476
Daytime Phone #

CP2E037 (5/00)