

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751600

1. Entity Name

PLANNED PARENTHOOD OF SOUTH PALM BEACH AND BROWA

Principal Place of Business

455 NW 35TH STREET
BOCA RATON FL 33431

Mailing Address

455 NW 35TH STREET
BOCA RATON FL 33431-5707

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

59-1989443

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

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 DVC ☐ Delete

NAME FRIEDKIN, LORA
STREET ADDRESS 7267 MANDARIN DR.
CITY-ST-ZIP BOCA RATON FL 33433

TITLE PDC ☐ Delete

NAME JOSEPH, LAWANDA
STREET ADDRESS 2412 SW 23 CRABROOK DR
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE SDS ☒ Delete

NAME BURCH, VIVIAN
STREET ADDRESS 7469 KINGSLEY CT.
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME VACANT
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME JOHN BRILLIANT
STREET ADDRESS 100 NW 12 Ave
CITY-ST-ZIP Deerfield Beach, FL 33442

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90110 006 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)