

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90064 018 ****70.00

DOCUMENT # 751600

1. Entity Name

PLANNED PARENTHOOD OF SOUTH PALM BEACH AND BROWARD COUNTIES, INC.



Principal Place of Business

**455 NW 35TH STREET
BOCA RATON FL 33431**

Mailing Address

**455 NW 35TH STREET
BOCA RATON FL 33431**

00003713



☒ CHECK HERE IF MAKING CHANGES

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

**LAWANDA, JOSEPH
455 NW 35TH STREET
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **BURCH, VIVIAN**

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

455 NW 35 ST

BOCA RATON

City

FL

Zip Code

33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Vivian Burch

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DVC** ☒ Delete
NAME **FRIEDKIN, LORA**
STREET ADDRESS **455 NW 35TH STREET**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **DC** ☒ Delete
NAME **JOSEPH, LAWANDA**
STREET ADDRESS **455 NW 35TH STREET**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **DS** ☒ Delete
NAME **MCGHEE, ALBERT**
STREET ADDRESS **455 NW 35TH STREET**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **P** ☐ Delete
NAME **CAPO BIANCO, MARY**
STREET ADDRESS **455 NW 35 ST**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVC** ☒ Change ☐ Addition
NAME **MCGHEE, ALBERT**
STREET ADDRESS **455 NW 35 ST**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **DC** ☒ Change ☐ Addition
NAME **BURCH, VIVIAN**
STREET ADDRESS **455 NW 35 ST**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **DS** ☒ Change ☐ Addition
NAME **STODDARD, LARRY**
STREET ADDRESS **455 NW 35 ST**
CITY-ST-ZIP **BOCA RATON, FL 33431**

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

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

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

CR2E037 (10/02)

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

1/7/03

561-394-3540