

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90020 024 \*\*\*\*61.25

**DOCUMENT # 765509**

1. Entity Name

**FLORIDA GULF STREAM CHAPTER OF THE NINETY-NINES,**

Principal Place of Business

2732 NE 3RD ST.  
 POMPANO BEACH FL 33062

Mailing Address

2732 NE 3RD ST.  
 POMPANO BEACH FL 33062-4917

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-1502880**

☒ Applied For

☐ Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSTON, DIANNE**  
**2732 N.E. 3RD ST.**  
**POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent

Name **Eleanore Reichenbach**

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

**4465 S.W. 37 Avenue**

City **Ft. Lauderdale**

**FL**

Zip Code **33312**

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

*Eleanore Reichenbach, TD*

**2-2-00**

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

TITLE **TD** ☐ Delete

NAME **REICHENBACH, ELEANORE**  
 STREET ADDRESS **4465 S.W. 37TH AVENUE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **CD** ☐ Delete

NAME **CICHOCKI, CHERYL**  
 STREET ADDRESS **6723 KINGSMOOR WAY**  
 CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **S** ☐ Delete

NAME **WESTBY, DOROTHY**  
 STREET ADDRESS **2432 NE 27 ST**  
 CITY-ST-ZIP **LIGHTHOUSE PT FL**

TITLE **VD** ☐ Delete

NAME **SANDERS, PEGGY**  
 STREET ADDRESS **6761 NW 32 AVE**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

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 ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 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:

*Eleanore Reichenbach* (Eleanore Reichenbach) 2-2-00

954-983-1978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #