

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED

Feb 13, 2001 8:00 am
Secretary of State

01-25-2001 90146 004 ****61.25

DOCUMENT # 765509

1. Entity Name

FLORIDA GULF STREAM CHAPTER OF THE NINETY-NINES.

Principal Place of Business

Mailing Address

2732 NE 3RD ST.
POMPANO BEACH FL 33062

2732 NE 3RD ST.
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

4465 SW 37 Ave

4465 SW 37 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT LAUDERDALE FL

FT LAUDERDALE FL

City & State

City & State

Zip 33312

Country

Zip 33062

Country

4. FEI Number

58-1502880

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. 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

JOHNSTON, DIANNE
4465 SW 37 AVE
FORT LAUDERDALE FL 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

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 NAME STREET ADDRESS CITY-ST-ZIP	TD REICHENBACH, ELEANORE 4465 S.W. 37TH AVENUE FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CICHOCKI, CHERYL 6723 KINGSMOOR WAY MIAMI LAKES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WESTBY, DOROTHY 2432 NE 27 ST LIGHTHOUSE PT FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANDERS, PEGGY 6761 NW 32 AVE FT LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Regina Gualano, Regina 2865 S.W. 180 Ave. Miramar, FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Cichocki, Cheryl 6723 Kingmoor Way Miami Lakes, FL 33014 Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Cichocki, Cheryl 6723 Kingmoor Way Miami Lakes, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

REICHENBACH, ELEANORE
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

1-16-01 954-983-1978

CR2E037 (10/00)