

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

0019204

**DOCUMENT # 766946**

1. Entity Name

**PROBUS CLUB OF NORTH BROWARD, FLORIDA, INC.**

04-15-2002 90002 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O LILY LANE  
 7684 N.W. 18TH ST.  
 MARGATE FL 33063-3122

C/O LILY LANE  
 7684 N.W. 18TH ST.  
 MARGATE FL 33063-3122



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2289572**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LIEBMAN, BESSIE**  
**7640 NW 18TH STREET**  
**MARGATE FL 33063**

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

T ☐ Delete  
 LANE, LILY  
 7684 N.W. 18TH ST.  
 MARGATE, FL 33063 33063

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

C/S ☐ Delete  
 WALNICK, ESTELLE  
 7610 N.W. 18TH ST  
 MARGATE, FL 33063 33063

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

D ☐ Delete  
 LIPMAN HARRIET  
 7684 NW 18TH ST.  
 MARGATE, FL 33063

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

D ☒ Delete  
 FRANKLIN, RHODA,  
 462 LAUREL DR.  
 MARGATE FL 33063

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

D ☐ Delete  
 BAISE, SYLVIA  
 7690 N.W. 18TH ST  
 MARGATE FL 33063

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

P ☐ Delete  
 LIEBMAN, LEON  
 7640 NW 18TH STREET  
 MARGATE FL 3306

☐ Change ☐ Addition  
 TITLE  
 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**

- PRES.

4-5-2002

954-973-7391

CR2E037 (9/01)