

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F05000001418

1. Entity Name

UNITED ORDER TRUE SISTERS, INC.



FILED
Feb 14, 2007 08:00 AM
Secretary of State

Principal Place of Business Mailing Address
660 LINTON BLVD #200 STE 6 660 LINTON BLVD #200 STE 6
DELRAY BEACH FL 33444 DELRAY BEACH FL 33444



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-1426430

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KANCILIA, JOHN R
1800 W. HIBISCUS BLVD STE 138
MELBOURNE FL 32901

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

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME POLONSKY, MARION
STREET ADDRESS 265 NORTHAMPTON N.
CITY-STATE-ZIP WEST PALM BEACH FL 33417

☐ Change ☐ Addition
000000636305
02/26/07-80010-024 61.25

TITLE VD ☐ Delete
NAME SELTZER, BARBARA
STREET ADDRESS 1731 N.W. 87TH LANE
CITY-STATE-ZIP PLANTATION FL 33222

☐ Change ☐ Addition

TITLE VD ☐ Delete
NAME PEYSER, BETTY R
STREET ADDRESS 2350 NW 13TH STREET
CITY-STATE-ZIP DELRAY BEACH FL 33445

☐ Change ☐ Addition

TITLE S ☐ Delete
NAME CARR, SANDY
STREET ADDRESS 25 NICHOLAS DRIVE
CITY-STATE-ZIP ALBANY NY 12205

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Betty R. Peyser

BETTY R. PEYSER

(561) 265-1557