

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90200 004 ****61.25

DOCUMENT # N000000000995

1. Entity Name

THE FINANCIAL PLANNING ASSOCIATION OF BROWARD, I

Principal Place of Business

**9241 NW 54TH PLACE
 COOPER CITY FL 33328**

Mailing Address

**9241 NW 54TH PLACE
 COOPER CITY FL 33328**

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

592326303

Applied For

Not Applicable

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

**GONZALEZ, DON ESQ.
 9241 NW 54TH PLACE
 COOPER CITY FL 33328**

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

TITLE **PD** ☒ Delete
 NAME **SANTUCCI, MAUD MARIE**
 STREET ADDRESS **9241 NW 54TH PLACE**
 CITY-ST-ZIP **COOPER CITY FL 33328**

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

TITLE **SD** ☒ Delete
 NAME **INTINDOLA, NITA**
 STREET ADDRESS **1946 SW 94TH AVENUE**
 CITY-ST-ZIP **MIRAMAR FL 33025**

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

TITLE **D** ☒ Delete
 NAME **GONZALEZ, DON**
 STREET ADDRESS **9050 PINES BLVD. SUITE 450-F**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

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

TITLE **P/D** ☐ Delete
 NAME **Deidre S. Waltz**
 STREET ADDRESS **1100 E. Las Olas Blvd.**
 CITY-ST-ZIP **Fort Lauderdale, FL 33301**

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

TITLE **S/D** ☐ Delete
 NAME **Martin Franks**
 STREET ADDRESS **9020 Kimberly Boulevard**
 CITY-ST-ZIP **Boca Raton, FL 33434**

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

TITLE **T/D** ☐ Delete
 NAME **Darryl Hinkle**
 STREET ADDRESS **2600 N.E. 14 Street**
 CITY-ST-ZIP **Pompano Beach, FL 33062**

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:

Darryl Hinkle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darryl Hinkle, Treas.

954-941-2312

Date

Daytime Phone #

CR2E037 (10/00)