

# 2001 UNIFORM BUSINESS REPORT (UBR)

31

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90308 042 \*\*\*\*61.25

**DOCUMENT #** N00000001152  
1. Entity Name  
**SENIOR CLUB OF PLANTATION, INC.** ✓

Principal Place of Business Mailing Address  
**DEICKE AUDITORIUM DEICKE AUDITORIUM**  
**5701 CYPRESS ROAD 5701 CYPRESS ROAD**  
**PLANTATION FL 33317 PLANTATION FL 33317**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. 191 SW 62ND AVENUE  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**PLANTATION FL 33317**  
Zip Country Zip Country  
**33317 US**

4. FEI Number 65-0937998 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  
**LORRAINE PONTILLO** Name  
**191 SW 62ND AVENUE** Street Address (P.O. Box Number is Not Acceptable)  
**PLANTATION FL 33317** 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 \_\_\_\_\_ (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	P JACK ACTON 6061 SW 8TH COURT PLANTATION FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIE SCHAPPERT 6655 W. BROWARD BOULEVARD PLANTATION FL 33317 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILTON COHEN 6755 W. BROWARD BOULEVARD PLANTATION FL 33317 <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	T LORRAINE PONTILLO 191 SW 62ND AVENUE PLANTATION FL 33317 <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	S ANGIE BROCCOLI 7100 NW 17TH STREET PLANTATION FL 33313 <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	D ETHEL PERRY 6855 W. BROWARD BOULEVARD PLANTATION FL 33317 <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	D VINCENT PONTILLO 191 SW 62ND AVENUE PLANTATION FL 33317 <input type="checkbox"/> Delete	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:** Lorraine Pontillo **LORRAINE PONTILLO** 2-23-01 954-583-2903  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)