

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000001152**

1. Entity Name

SENIOR CLUB OF PLANTATION, INC.**FILED****Jan 15, 2002 8:00 am**
Secretary of State

01-15-2002 90070 036 ****61.25

Principal Place of Business

**DEICKE AUDITORIUM
5701 CYPRESS ROAD
PLANTATION FL 33317**

Mailing Address

**DEICKE AUDITORIUM
191 SW 62ND AVENUE
PLANTATION FL 33317**

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 **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

**PONTILLO, LORRAINE
191 S.W. 62ND AVE
PLANTATION FL 33317**

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 \$61.259. 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 **P** ☐ Delete
NAME **ACTON, JACK**
STREET ADDRESS **6061 SW 8TH CT**
CITY-ST-ZIP **PLANTATION FL 33317**TITLE **S** ☐ Change ☒ Addition
NAME **PERRY, ETHEL**
STREET ADDRESS **6855 W BROWARD BLVD**
CITY-ST-ZIP **PLANTATION FL 33317**TITLE **VP** ☐ Delete
NAME **COHEN, MILTON**
STREET ADDRESS **6755 BROWARD BLVD**
CITY-ST-ZIP **PLANTATION FL 33317**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **PONTILLO, LORRAINE**
STREET ADDRESS **191 SW 62ND AVE**
CITY-ST-ZIP **PLANTATION FL 33317**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☒ Delete
NAME **BROCCOLI, ANGIE**
STREET ADDRESS **7100 NW 17TH ST**
CITY-ST-ZIP **PLANTATION FL 33313**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **PERRY, ETHEL**
STREET ADDRESS **6855 W BROWARD BLVD**
CITY-ST-ZIP **PLANTATION FL 33317**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **PONTILLO, VINCENT**
STREET ADDRESS **191 SW 62ND AVE**
CITY-ST-ZIP **PLANTATION FL 33317**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: **LORRAINE PONTILLO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/02

Date

954-583-2903

Daytime Phone #

CR2E037 (9/01)