

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90844 004 \*\*\*\*61.25

**DOCUMENT # N00000001152**

1. Entity Name

**SENIOR CLUB OF PLANTATION, INC.**



Principal Place of Business

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

Mailing Address

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

**90001647**



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ACTON, JACK</b>	
STREET ADDRESS	<b>6061 SW 8TH CT</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>COHEN, MILTON</b>	
STREET ADDRESS	<b>6755 BROWARD BLVD</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PONTILLO, LORRAINE</b>	
STREET ADDRESS	<b>191 SW 62ND AVE</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PERRY, ETHEL</b>	
STREET ADDRESS	<b>6855 W BROWARD BLVD</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PERRY, ETHEL</b>	
STREET ADDRESS	<b>6855 W BROWARD BLVD</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PONTILLO, VINCENT</b>	
STREET ADDRESS	<b>191 SW 62ND AVE</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	

TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THICKMAN, ELAINE</b>	
STREET ADDRESS	<b>1700 N.W. 71ST AVE</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2. 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**

1/09/03 954-583-2903

CR2E037 (10/02)