

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

07-03-2003 90035 005 \*\*\*\*61.25

FILED NO00000001152

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N000000001152

1. Entity Name

SENIOR CLUB OF PLANTATION, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

DEICKE AUDITORIUM

3. Mailing Address JOE THICKMAN

1709 N.W. 71 AVENUE

PLANTATION, FL. 33313

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5701 CYPRESS ROAD

City & State

PLANTATION, FL.

City & State

PLANTATION, FL.

Zip

33317

Country

U.S.A.

Zip

33313

Country

U.S.A.

4. FEI Number

65-0431948

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name ELAINE THICKMAN

Street Address (P.O. Box Number is Not Acceptable)

1709 N.W. 71 AVENUE

City PLANTATION

FL

Zip Code

33313

**DO NOT WRITE  
IN THIS SPACE**

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

Elaine Thickman

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

(NOTE: Registered Agent signature required when reinstating)

6/27/03  
DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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

TITLE PRESIDENT  
NAME JACK ACTON  
STREET ADDRESS 6061 S.W. 8 COURT  
CITY-ST-ZIP PLANTATION, FL. 33317

TITLE VICE PRES.  
NAME MILTON COHEN  
STREET ADDRESS 6755 BROWARD BLVD.  
CITY-ST-ZIP PLANTATION, FL. 33317

TITLE TREASURER  
NAME ELAINE THICKMAN  
STREET ADDRESS 1709 N.W. 71 AVENUE  
CITY-ST-ZIP PLANTATION, FL. 33313

TITLE SECRETARY  
NAME JAYE ANDROK  
STREET ADDRESS 1712 N.W. 71 AVENUE  
CITY-ST-ZIP PLANTATION, FL. 33313

TITLE DIRECTOR  
NAME JACK ACTON  
STREET ADDRESS 6061 S.W. 8 COURT  
CITY-ST-ZIP PLANTATION, FL. 33317

TITLE DIRECTOR  
NAME ELAINE THICKMAN  
STREET ADDRESS 1709 N.W. 71 AVE  
CITY-ST-ZIP PLANTATION, FL. 33313

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jack Acton President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/03  
Date

954 583 5425  
Daytime Phone #

CR2E037B (12/01)