

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00734

1. Entity Name

THE ISLAND RIDGE CIVIC ORGANIZATION, INC.

Principal Place of Business

1900 PINE RIDGE DR.
FT. LAUDERDALE FL 33324

Mailing Address

9400 PINE RIDGE DR.
FT. LAUDERDALE FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2396990

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODBERG, EDWARD
2130 SW 93 WAY
FT LAUDERDALE FL 33324

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

PD
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GOODBERG, EDWARD
2130 SW 93 WAY
FORT LAUDERDALE FL 33324

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

VD
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FASCIANI, FLORA
2130 SW 93 WAY
FT LAUDERDALE FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

SD
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HISIGER, DELILAH
1528 WHITEHALL DRIVE
FT LAUDERDALE FL 33324

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TD
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BERNSTEIN, ENA
9120 B S.W. 19 COURT
FT. LAUDERDALE FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Ena Bernstein* REQUEENA BERNSTEIN 4/3/02 474-4105
Signature and Typed or Printed Name of Signing Officer or Director

0031197

CR2E037 (9/01)