

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

03-25-2002 90072 043 ****61.25

DOCUMENT # NO1000006654

1. Entity Name

BON VIVANTS OF BROWARD COUNTY, INC.

Principal Place of Business

Mailing Address

PO BOX 291783
DAVIE FL 33329PO BOX 291783
DAVIE FL 33329

25543

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

NOT FOR PROFIT ORG.

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

Name

Julie NORCORSS

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

3035 NE 5 Avenue

City

Fort Lauderdale FL

Zip Code

33334

NORCORSS, JULIE - last name spelled
3035 NE 5 AVE
FT LAUDERDALE FL 33334
incorrectly

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 file 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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
 NAME CIMMARUSTI, BARBARA
 STREET ADDRESS 3606 LLOYD DR
 CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE DP ☒ Change ☐ Addition
 NAME spirito, Theresa
 STREET ADDRESS 2585 Carambola Circle North
 CITY-ST-ZIP Coconut Creek, FL 33066

TITLE DV ☐ Delete
 NAME SPIRITO, THERESA
 STREET ADDRESS 2585 CARAMBOLA CIR NORTH
 CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE DV ☒ Change ☐ Addition
 NAME Beiswinger, Doris
 STREET ADDRESS 4305 Pine Ridge Court
 CITY-ST-ZIP Weston, FL 33331

TITLE DV ☐ Delete
 NAME MANNO, SALLY
 STREET ADDRESS 1455 NE 57 CT
 CITY-ST-ZIP FT LAUDERDALE FL 33334

TITLE DV ☒ Change ☐ Addition
 NAME Gesino, Barbara
 STREET ADDRESS 1425 S. 24 Court
 CITY-ST-ZIP Hollywood, FL 33020

TITLE DS ☐ Delete
 NAME VAN PELT, SUE
 STREET ADDRESS 1236 SE 7 STISLAND
 CITY-ST-ZIP DEERFIELD BCH FL 33441

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DT ☐ Delete
 NAME FIERING, HARRIET
 STREET ADDRESS 4155 S PINE ISLAND RD
 CITY-ST-ZIP DAVIE FL 33328

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME NORCROSS-PAST, JULIE
 STREET ADDRESS 3035 NE 5 AVE
 CITY-ST-ZIP FT LAUDERDALE FL 33334

TITLE D ☒ Change ☐ Addition
 NAME Past President
 STREET ADDRESS Cimmarusti, Barbara
 CITY-ST-ZIP 3606 Lloyd Drive
 Fort Lauderdale, FL 33309

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02(954) 771-2030

Date

Daytime Phone #

CFR2E037 (9/01)