

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N01305**

1. Entity Name

**N.M.B. PYTHIAN SISTERS CHARITIES, INC.**

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90032 023 \*\*\*\*61.25

Principal Place of Business 1466 N.E. 181 STREET NORTH MIAMI BEACH FL 33162 US	Mailing Address 1466 N.E. 181 STREET NORTH MIAMI BEACH FL 33162-1345 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>23-7561959</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BAGLEY, LOIS O**  
**1466 N.E. 181 STREET**  
**NORTH MIAMI BEACH FL 33162**

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.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAGLEY, LOIS O	
STREET ADDRESS	1466 N.E. 181 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTINCAK, RENEE	
STREET ADDRESS	9273 DICKENS AVENUE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VITELLI, JUDITH	
STREET ADDRESS	1080 N.E. 147 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33161	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DERINGER, HARRIET	
STREET ADDRESS	12650 S.W. 6 STREET K-101	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	T	<input type="checkbox"/> Delete
NAME	EISENBERG, JACQUELIN	
STREET ADDRESS	455 N.E. 210 CIRCLE TERRACE 18-101	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALBERT, FAITH	
STREET ADDRESS	13255 S.W. 7TH COURT D 202	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
CITY-ST-ZIP	
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	
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: *Lois O. Bagley* **LOIS O. BAGLEY** 2/3/00 (305) 940-2678  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)