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

FILED Jun 23, 2003 8:00 am Secretary of State

			1-/								
DOCUMENT # N0200005010 1. Entity Name						05-05-20	03 91414	019 **'	**61.25		
CIRCLE C	OF LOVE OF DAVIE/COOPER (CITY, INC. V									
Principal Plac	e of Business	Mailing Address									
5660 GRIFFIN RD 5660 GRIFFIN RO DAVIE FL 33314 DAVIE FL 33314					55049336						
 Principal Place of Business 6761 Sω· 40TH ST. 6761 Sω· 40 				:							
Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES						
DAVIZ, FL DAVIZ, FL					4. FEI Number Applied For S1 - 0 4 1 5 0 9 4 Not Applicat						
-3331		-33774	Country Bnw D		5. Certificate of		Fe	8.75 Adi			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
Name S rever					ps. 4	VAIN -					
HARTMAN, BRADLEY S ESO: 10000 STIPLING RD STE 1 COOPER CITY FL 33024				Street Address (P.O. Box Number is Not Acceptable)							
LIBERTH	CH11 FL 33024									╛	
-			City	Aule.			FL	Zip Coo	14]	
the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office	or registered	agent, or both,	in the State of Flo	rida. I am fan	niliar with,	and accept		
SIGNATURE Sturr Mr. Wai 4/30/03											
-	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent sig	meture required with	en reinstating)		DATE				
						<u> </u>		'	-	┥	
FILE NOW: FEE IS \$61.25					5.00 May Be	I	e Check F	-			
		Trust Fund Co	ntribulion.	ш. А	dded to Fees	Florid	a Departm	ent of t	state		
10.	OFFICERS AND DIRE	CTORS	11,	AD	DITIONS/CHAN	GES TO OFFICER	S AND DIREC	CTORS IN	10 .	1	
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NAME	WAIN, STEVEN M		NAME	DIA	ne 176.			_		19	
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12. I hereby certify that the information supplied with this filling 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:

#/30/01 9 5/-583-20 3-

SIGNATURE:

ATTACHMENT

55049396 NO200000000

Changes/Additions

Name

Title

Diane Rose 4051 SW 72nd Terr Davie, FI 33314 V. Pres

Tracy Zelitt Secretary 1846 NW 127th Ave Pembroke, Pines FI 33028

Joan Bardzik 5985 University Dr Davie, Fl 33328 Treasurer

Drew Pickard 4721 N. 37th Street Hollywood, FI 33021 **Director**

Lisa Martin 882 NW 66th Ave Davie, FI 33328 **Director**

Ruben Holschauer 6912 Cypress Rd Plantation, FI 33317 **Director**