

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02058

1. Entity Name

BOY SCOUTS POST 339 BOOSTER CLUB, INC

Principal Place of Business

Mailing Address

8808 NW 3RD PLACE  
CORAL SPRINGS FL 33071  
US

8808 NW 3RD PLACE  
CORAL SPRINGS FL 33071-7481  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FROMKIN, MARCIA  
7705 NW 18TH COURT  
MARGATE FL 33063

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME PD  
STREET ADDRESS FROMKIN, MARCIA  
CITY-ST-ZIP 7705 NW 18TH STREET  
MARGATE FL

TITLE  
NAME VD  
STREET ADDRESS ZVOLENSKY, ROBERT  
CITY-ST-ZIP 11305 NW 35TH CT  
CORAL SPRINGS FL 33065

TITLE  
NAME SD  
STREET ADDRESS MIZE, ROBERT N.  
CITY-ST-ZIP 10422 NW 1 CT  
CORAL SPRINGS FL

TITLE  
NAME TD  
STREET ADDRESS WALLACH, STEVEN B  
CITY-ST-ZIP 8808 NW 3RD PLACE  
CORAL SPRINGS FL 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME VD  
STREET ADDRESS PRAVATA, SALVATOR  
CITY-ST-ZIP 3640 NW 113 AVE  
CORAL SPRINGS, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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: *Marcia Fromkin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-00 954-972-0287  
Date Daytime Phone #