

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03690

1. Entity Name

FT. LAUDERDALE, FLORIDA CHAPTER OF SPEBSQSA, INC

Principal Place of Business

1121 NW 76TH AVENUE
PLANTATION FL 33322-5140
US

Mailing Address

1121 NW 76TH AVENUE
PLANTATION FL 33322-5140
US

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

36-3399681

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

FAMILANT, STANLEY G.
8107 NW 27TH ST.
SUITE 2
CORAL SPGS. FL 33065

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 STREET ADDRESS CITY-ST-ZIP	TD ROTH, MICHAEL 1121 N.W. 76TH AVE PLANTATION FL 33322	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAMILANT, STANLEY G. 8107 NW 27TH ST APT #2 CORAL SPGS. FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OBER, DICK 1940 NW 24TH AVE. COCONUT CREEK FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINNEY, ARTHUR 7121 N.W. 5TH ST PLANTATION FL 33317	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKE, TOM 4921 N.W. 54TH COURT TAMARAC FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/01 (954) 989-7462



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)