

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90001 041 \*\*\*\*70.00

80027760

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** N20810

**1. Entity Name**  
 WESTWOOD COMMUNITY FIVE AREA BEAUTIFICATION  
 PLAN INC

**Principal Place of Business** **Mailing Address**

8300 NW 93rd AVE. 8300 NW 93rd Ave.  
 Tamarac, Fl. 33321 Tamarac, Fl. 33321

**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** 59-2612072 **Applied For**  
 Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name **Larry Lavigne**  
 Street Address (P.O. Box Number is Not Acceptable) **9305 NW 82 Court**  
 City **Tamarac, Fl. 33321** **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 *Larry Lavigne* **2-14-00**  
 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** ☐ **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	Harry Palevoy	
STREET ADDRESS	9605 NW 80 Street	
CITY-ST-ZIP	Tamarac, Fl 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	Betty Putnoy	
STREET ADDRESS	9109 NW 80 Street	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	Herbert Weinman	
STREET ADDRESS	9608 NW 80 Street	
CITY-ST-ZIP	Tamarac, Fl. 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	Norman Tartakow	
STREET ADDRESS	9512 NW 81 Court	
CITY-ST-ZIP	Tamarac, Fl 33321	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Etta Barnett	
STREET ADDRESS	8105 NW 93rd Terrace	
CITY-ST-ZIP	Tamarac, Fl. 33321	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Lavigne	
STREET ADDRESS	9305 NW 82 Court	
CITY-ST-ZIP	Tamarac, Fl. 33321	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juanita A. Roese	
STREET ADDRESS	9409 NW 80 Place	
CITY-ST-ZIP	Tamarac, Fl. 33321	
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:** *Larry Lavigne* **2-14-00** **954-722-4981**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)