

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90021 041 *****70.00

DOCUMENT # N22024

1. Entity Name

GOLD COAST CHAPTER OF THE FLORIDA ASSOCIATION OF

Principal Place of Business

Mailing Address

% KAREN WORDELL
 1292 PAUL RUSSELL RD.
 TALLAHASSEE FL 32301

% KAREN WORDELL
 1292 PAUL RUSSELL RD.
 TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

1292 CEDAR CENTER DR
 Suite, Apt. #, etc.

1292 CEDAR CENTER DR
 Suite, Apt. #, etc.

City & State

City & State

TALLAHASSEE FL

TALLAHASSEE FL

Zip
 32301

Country
 LEON

Zip
 32301

Country
 LEON

4. FEI Number

65-0137875

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

WORDELL-SMITH, KAREN
 1292 CEDAR CENTER DR
 TALLAHASSEE FL 32301

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 ~~PD~~ ☒ Delete
 NAME ARBULU, MARIANNE
 STREET ADDRESS 200 W HILLBORO BLVD, STE 204
 CITY-ST-ZIP DEERFIELD BEACH FL

TITLE ☐ Change ☒ Addition
 NAME Pam Cruise - PED
 STREET ADDRESS 6365 NW 6 Way #150
 CITY-ST-ZIP Ft. Lauderdale, FL 33305

TITLE ~~VPD~~ ☒ Delete
 NAME LEVINE, DAVID
 STREET ADDRESS 6190 N.W. 11TH ST
 CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ Change ☒ Addition
 NAME Alicia Iglesias
 STREET ADDRESS 777 Arthur Godfrey Rd. #310
 CITY-ST-ZIP Miami Beach, FL 33140

TITLE ☐ Delete
 NAME MOTOOKA, RANDY
 STREET ADDRESS 8281 NW 51ST STREET
 CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☐ Change ☒ Addition
 NAME Shiela Kining
 STREET ADDRESS 3325 SW 2nd St
 CITY-ST-ZIP Ft. Lauderdale, FL 33312

TITLE ☒ Delete
 NAME GARDNER, JAMES
 STREET ADDRESS 65555 N POWERLINE RD., #414
 CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE ☐ Change ☒ Addition
 NAME Kelly Otis
 STREET ADDRESS 10071 Pines Blvd.
 CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE ☒ Delete
 NAME BYER, PAUL A
 STREET ADDRESS 2915 PALM AIRE DR N
 CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☒ Change ☐ Addition
 NAME Florence Amico
 STREET ADDRESS 279 Jacaranda Dr.
 CITY-ST-ZIP Plantation, FL 33324

TITLE ~~VPD~~ ☒ Delete
 NAME AMICO, FLORENCE
 STREET ADDRESS 279 JACARANDA DR
 CITY-ST-ZIP PLANTATION FL 33324

TITLE ☒ Change ☐ Addition
 NAME Randy Motooka
 STREET ADDRESS 8281 NW 51st St
 CITY-ST-ZIP Coral Springs, FL 33067

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: *Florence Amico* **Signature Required Pres. 2/28/01 954-270-9504**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)