

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2000 8:00 am**
Secretary of State

02-08-2000 90151 020 ****61.25

DOCUMENT # N22192

1. Entity Name

COCONUT CREEK CHAPTER #4069 OF AMERICAN ASSOCIAT

Principal Place of Business

Mailing Address

**4485 CORDIA CIRCLE
4133 CARAMBOLA CIRCLE S.
COCONUT CREEK FL 33066
US****C/O HERMAN KLEIN
4485 CORDIA CIRCLE
COCONUT CREEK FL 33066-2020
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-0177056

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KLEIN, HERMAN
4485 CORDIA CIRCLE
COCONUT CREEK FL 33066**

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 **VP** ☐ Delete
NAME **BERGMAN, MARJORIE**
STREET ADDRESS **4133 CARAMBOLA CIR. S.**
CITY-ST-ZIP **COCONUT CREEK FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **ZAGLIN, JUDITH Z**
STREET ADDRESS **2958 CARAMBOLA CIRCLE SOUTH**
CITY-ST-ZIP **COCONUT GROVE FL 33066**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **COCONUT CREEK, FL 33066**TITLE **T** ☐ Delete
NAME **HERMAN, KLEIN**
STREET ADDRESS **4485 CORDIA CIRCLE**
CITY-ST-ZIP **COCONUT CREEK FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **HERSCHBEIN, IRVING**
STREET ADDRESS **4133 CARAMBOLA CIRCLE S**
CITY-ST-ZIP **COCONUT CREEK FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **KUSHLAN, BERNARD**
STREET ADDRESS **4134 CARAMBOLA CIRCLE S**
CITY-ST-ZIP **COCONUT CREEK FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **RICHTERMAN, ROBERT**
STREET ADDRESS **2908 CARAMBOLA CIRCLE SOUTH**
CITY-ST-ZIP **COCONUT CREEK FL**TITLE ☐ Change ☐ 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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/2000

954-979-0210