

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 09, 2001 8:00 am  
Secretary of State

02-09-2001 90232 012 \*\*\*\*61.25

DOCUMENT # N22192

1. Entity Name

COCONUT CREEK CHAPTER #4069 OF AMERICAN ASSOCIAT

Principal Place of Business

4485 CORDIA CIRCLE  
4133 CARAMBOLA CIRCLE S.  
COCONUT CREEK FL 33066  
US

Mailing Address

C/O HERMAN KLEIN  
4485 CORDIA CIRCLE  
COCONUT CREEK FL 33066  
US

2. Principal Place of Business

EDITH ZWETCHKENBAUM

3. Mailing Address

4033 CARAMBOLA CIRCLE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
COCONUT CREEK FL

4. FEI Number

33-0177056

Applied For

Not Applicable

Zip

Country

Zip  
33066

Country

BRWARD

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

6. Name and Address of Current Registered Agent

KLEIN, HERMAN  
4485 CORDIA CIRCLE  
COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

Name  
EDITH ZWETCHKENBAUM

Street Address (P.O. Box Number is Not Acceptable)  
4033 CARAMBOLA CIRCLE NORTH

City  
COCONUT CREEK FL Zip Code  
33066

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERGMAN, MARJORIE 4133 CARAMBOLA CIR. S. COCONUT CREEK FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGLIN, JUDITH Z 2958 CARAMBOLA CIRCLE SOUTH COCONUT CREEK FL 33066	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERMAN, KLEIN 4485 CORDIA CIRCLE COCONUT CREEK FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERSCHBEIN, IRVING 4133 CARAMBOLA CIRCLE S COCONUT CREEK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUSHLAN, BERNARD 4134 CARAMBOLA CIRCLE S COCONUT CREEK FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHTERMAN, ROBERT 2908 CARAMBOLA CIRCLE SOUTH COCONUT CREEK FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS ZAGLIN 2958 CARAMBOLA CIRCLE SOUTH COCONUT CREEK FL 33066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MARJORIE BERGMAN 4133 CARAMBOLA CIRCLE SOUTH COCONUT CREEK FL 33066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS EDITH ZWETCHKENBAUM 4033 CARAMBOLA CIRCLE NORTH COCONUT CREEK FL 33066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HERMAN KLEIN 4485 CORDIA CIRCLE COCONUT CREEK FL 33066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

EDITH ZWETCHKENBAUM  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)