NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

182

DOCUMENT # N28781

1. Entity Name

Coral Springs Community Chest, Inc.

FILED

02 SEP 25 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008082031--8
-09/27/02--01065--023
****183.75 ****183.75

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2. Principal Place of Business	3. Mailing Address
2528 University Drive	PO BOX 9891
Suite, Apt. #, etc.: 117	Suite, Apt. #, etc.:
City & State: Coral Springs, Florida	City & State: Coral Springs, Florida
Zip: 33065 Country: USA	Zip: 33065 Country: USA

4. FEI Number 65-0087583 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Ronald Zilka

Street Address (P.O. Box Number is Not Acceptable): 399 NW Boca Raton Blvd

City: Boca Raton **FL** Zip Code: 33432

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: Ronald Zilka — Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 8/29/02

FEE IS $61.25
Initial or Amended UBR

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	Chairperson
NAME	Koach Cox
STREET ADDRESS	10876 Cypress Glen Drive
CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	Vice Chairperson
NAME	Maureen Berk
STREET ADDRESS	11979 Eagle Trace Blvd N.
CITY-ST-ZIP	Coral Springs FL 33071
TITLE	Secretary
NAME	Pat Mirabello
STREET ADDRESS	9551 W. Sample Rd
CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	Treasurer
NAME	Ronald Zilka
STREET ADDRESS	399 NW Boca Raton Blvd
CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	
NAME	
STREET ADDRESS	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8/29/02

Daytime Phone #: 561-392-7927

Coral Springs Community Chest attachment 27

N28781

August 29, 2002

Uniform Business Report
Division of Corporation
PO Box 1500
Tallahassee, FL 32302

Dear Sir or Madam:

We respectively request all penalties associated with reinstatement be waived due to the fact that all Uniform Business Reports from 2000 forward were not delivered to the Coral Springs Community Chest , and returned to the state of Florida.

Sincerely,

Ronald Zilka
Treasurer