

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31737

1. Entity Name

FORT LAUDERDALE - GREATER - SISTER CITIES INTERN

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90148 031 ****61.25

Principal Place of Business
101 N.E. 3RD AVENUE
SUITE 300
FT. LAUDERDALE FL 33301

Mailing Address
101 N.E. 3RD AVENUE
SUITE 300
FT. LAUDERDALE FL 33301-1100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0194426

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

GORE, LAURENCE D ESQ.
2400 EAST COMMERCIAL BLVD
SUITE 215
FT. LAUDERDALE FL 3308

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 LAURENCE D. GORE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-16-2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GORE, LAWRENCE D 2400 E. COMMERCIAL BLVD., #215 FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GAIL, IAN C.R. 521 SAN MARCO DRIVE FT. LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGREGOR, BRENDA W 6800 CYPRESS ROAD, #410 PLANTATION FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURRAY, SUSAN 2020 NE 27TH COURT LIGHTHOUSE POINT FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. GLENN BORREGARD 2112 N.E. 55TH ST. FORT LAUDERDALE, FL. 33304-1416	<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	TREAS. MARTIN J. KURTZ 3101 N. FEDERAL HWY. # 700 FT. LAUDERDALE FL. 33306	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN NUCCIA MC CORMICK 11 HARBORAGE DRIVE FORT LAUDERDALE, FL. 33316	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARLIAMENTARIA JAMIE S. FINIZIO-BASCUMBE 200 S.E. 9TH ST. FORT. LAUDERDALE, FL. 33316	<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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/2000

Date

Daytime Phone #

CR2E037 (9/99)