

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90156 020 \*\*\*\*61.25

**DOCUMENT # N34956**

1. Entity Name  
**SMITH COLLEGE CLUB OF FORT LAUDERDALE, INC.**

Principal Place of Business      Mailing Address

2929 E COMMERICAL BLVD      2929 E COMMERICAL BLVD  
 STE #PH-C      STE #PH-C  
 FT LAUDERDALE FL 33308      FT LAUDERDALE FL 33308-4214  
 US      US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-6136380**      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

**BIZZARRO, DEBORAH L. ESQ**  
 2929 E COMMERICAL BLVD  
 STE #PH-C  
 FT LAUDERDALE FL 33308

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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEZER, LOIS</b>	NAME	
STREET ADDRESS	<b>2375 N 37TH AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STONE, RUTH</b>	NAME	
STREET ADDRESS	<b>4720 NE 3RD TER</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOCRANSKY, CLAIRE</b>	NAME	
STREET ADDRESS	<b>2200 S OCEAN LANE #1704</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARNEY, JUDITH</b>	NAME	
STREET ADDRESS	<b>5126 NW 59TH WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINK, JOAN</b>	NAME	
STREET ADDRESS	<del>2407 LAGUNA DR.</del>	STREET ADDRESS	<b>2000 S. OCEAN DR. - PH 3</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	CITY-ST-ZIP	<b>33316</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** JOAN FINK      **APR 04 2000**      (954) 524-2889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)