

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90106 025 ****61.25

DOCUMENT # N35021

1. Entity Name

COALITION FOR CENTURY VILLAGE EAST HOMEBOUND, IN C.

Principal Place of Business

Mailing Address

**46 ASHBY A
 #47
 DEERFIELD BEACH FL 33442
 US**

**47 ASHBY A
 #47
 DEERFIELD BEACH FL 33442
 US**

2. Principal Place of Business

3. Mailing Address

NEWPORT H

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2026

City & State

City & State

DEERFIELD BEACH, FL

Zip

Country

Zip

Country

33442

4. FEI Number

NOT APPLICABLE

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

**NATHAN KRASNOFF
 2026 NEWPORT H
 DEERFIELD BEACH FL 33442**

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 ☐ Delete
 NAME **DP FEINBERG, SIDNEY**
 STREET ADDRESS **47 ASHBY A**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DV COHEN, MARIAN**
 STREET ADDRESS **1012 LYNTHURST H**
 CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DT KRASNOFF, NATHAN**
 STREET ADDRESS **2026 NEWPORT H**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DS SCHNEIDER, ESTA**
 STREET ADDRESS **4033 OAKRIDGE V**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D GERSON, SALLY**
 STREET ADDRESS **84 NEWPORT E**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

NATHAN KRASNOFF, TREASURER 1/8/02 (954) 429-8851

CR2E037 (9/01)