

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90173 023 ****70.00

DOCUMENT # N37239

1. Entity Name

**NAVY LEAGUE OF THE UNITED STATES, BROWARD COUNTY
FLORIDA COUNCIL, INC.**



Principal Place of Business

**MR. SID WALDFOGEL
7401 ORANGE DR
FORT LAUDERDALE FL 33314**

Mailing Address

**MR. SID WALDFOGEL
7401 ORANGE DR
FORT LAUDERDALE FL 33314**

00003610



2. Principal Place of Business

Suite, Apt. #, etc.

1200 ORANGE ISLE

**City & State
Fort Lauderdale FL**

**Zip
33315**

Country

3. Mailing Address

Suite, Apt. #, etc.

1200 ORANGE ISLE

**City & State
Fort Lauderdale FL**

**Zip
33315**

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0179407**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALDFOGEL, SID
7401 ORANGE DR
FORT LAUDERDALE FL 33314**

7. Name and Address of New Registered Agent

Name

MARGARET RABEN

Street Address (P.O. Box Number is Not Acceptable)

1200 ORANGE ISLE

City

Fort Lauderdale

FL

Zip Code

33315

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **SID WALDFOGEL - TREASURER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BANNISTER, DONALD	
STREET ADDRESS	4922 NW 66 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	JAD	<input type="checkbox"/> Delete
NAME	RUMIN, EDWARD R	
STREET ADDRESS	2720 E. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	OTT, LARRY	
STREET ADDRESS	P.O BOX 39252	
CITY-ST-ZIP	FORT LAUDERDALE FL 33339-9252	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HEIN, ROBERT	
STREET ADDRESS	P.O BOX 39252	
CITY-ST-ZIP	FORT LAUDERDALE FL 33339-9252	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALDFOGEL, SID	
STREET ADDRESS	7401 ORANGE DR	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KEEGAN, CELESTE	
STREET ADDRESS	1580 NW 30TH TERR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD Margaret Raben
STREET ADDRESS	1200 Orange Isle
CITY-ST-ZIP	Fort Lauderdale 33315
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD Marianne Giambone
STREET ADDRESS	1546 Barcelona Way
CITY-ST-ZIP	Weston 33327

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 REQUIRED CELESTE KEEGAN 1/12/03**

SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR

**800
961
7247**

CR2E037 (10/02)