2000 UNIFORM BUSINESS REPORT (UBR)

1.

FILED
Sep 18, 2000 8:00 am
Secretary of State
01-27-2000 90089 030 ****61.25

DOCUMENT # N93000002686

1. Entity Name

NORTH BROWARD HOSPITAL DISTRICT RETIREES' CLUB,

Principal Place of Business	Mailing Address
303 SE 17TH ST FT LAUDERDALE FL 33316	303 SE 17TH ST FT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0449927 ☐ 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
JENNE, KENNETH C II CONRAD, SCHERER, JAMES & JENNE 633 SO. FEDERAL HWY. FT. LAUDERDALE FL 33301	Name: William R. Scherer, Conrad & Scherer Street Address (P.O. Box Number is Not Acceptable): 633 South Federal Highway City: Fort Lauderdale FL Zip Code: 33301

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: William R. Scherer 8-18-00
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
After September 13, 2000 min. will be $236.25

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	P MCKINLEY, THELMA 900 EAST ACRE DRIVE PLANTATION FL 33317	XX Delete	P DUNNORTH, DENA 812 SW 9th ST FT. LAUDERDALE, FL 33315	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP REGAN, VIOLA 300 N E 19TH COURT #N-106 FT. LAUDERDALE FL 33305	XX Delete	VP POORE, JENNIE E 5260 SW 10 CT. PLANTATION, FL 33317	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUNN, CORA E 2617 N.W. 6TH TERRACE WILTON MANORS FL 33311	X Delete	S CLEWS, VIRGINIA L 12750 SW 15 ST D-309 PEMBROKE PINES, FL 33027	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WATSON, HELEN 5100 WASHINGTON STREET, #403 HOLLYWOOD FL 33021	X Delete	T REGAN, VIOLA 300 NE 19th CT. #N-106 WILTON, MANORS, FL 33311	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEMAK, AVA 575 OAKS LANE #608 POMPANO BEACH FL 33069	X Delete	D SANNER, PAULINE 509 SW 20th ST. FT. LAUDERDALE, FL 33315	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBB, JOAN 7310 N W 48TH COURT LAUDERHILL FL 33319	X Delete	D GIBSON, BESS 308 SW 8th ST. FT. LAUDERDALE, FL 33315	X Change ☐ Addition

CR2E037 (5/00)

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.

954.524-7640

SIGNATURE: SIGNATURE REQUIRED 9/12/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Verna C Dunworth President