

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

N93000002686

1. Entity Name

NORTH BROWARD HOSPITAL DISTRICT
RETIREES' CLUB, INC.

Principal Place of Business

Mailing Address

303 SE 17th St
Ft. Lauderdale, FL
33316

303 SE 17th St
Ft. Lauderdale, FL
33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

650449927

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0045937

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

William R Scherer Conrad & Scherer
633 South Federal Highway
Ft. Lauderdale, FL 33301

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 P ☐ Delete
NAME
STREET ADDRESS DUNWORTH, DENA
CITY-ST-ZIP 812 SW 9th ST
FT. LAUDERDALE, FL 33315

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

TITLE VP ☐ Delete
NAME POORE, JENNIE E
STREET ADDRESS 5260 SW 10th CT
CITY-ST-ZIP PLANTATION, FL 33317

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

TITLE S ☐ Delete
NAME CLEWS, VIRGINIA L
STREET ADDRESS 12750 SW 15th ST D-309
CITY-ST-ZIP PEMBROKE PINES, FL 33027

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

TITLE T ☐ Delete
NAME REGAN, VIOLA
STREET ADDRESS 300 NE 19th CT #N-106
CITY-ST-ZIP WILTON MANORS, FL 33311

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

TITLE D ☐ Delete
NAME SANNER, PAULINE
STREET ADDRESS 509 SW 20th ST
CITY-ST-ZIP FT. LAUDERDALE, FL 33315

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

TITLE D ☐ Delete
NAME GIBSON, BESS
STREET ADDRESS 308 SW 8th ST
CITY-ST-ZIP FT. LAUDERDALE, FL 33315

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:

Dena C Dunworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 APRIL 2001 (954) 524-1646

Date

Daytime Phone #

CR2E037 (11/00)