

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002686

1. Entity Name

NORTH BROWARD HOSPITAL DISTRICT RETIREES' CLUB, INC.

Principal Place of Business

303 SE 17TH ST
LAUDERDALE FL 33316
Suite 203
33316

Mailing Address

303 SE 17TH ST
FT LAUDERDALE FL 33316
Suite 203

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

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
NAME DENWORTH, DENA
STREET ADDRESS 812 SW 9TH ST
CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☒ Delete

TITLE P
NAME Carrillo, Lucille
STREET ADDRESS 2240 SW 42nd Terr.
CITY-ST-ZIP Ft. Lauderdale, Fl 33317 ☒ Change ☐ Addition

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

TITLE VP
NAME McMurtie, Fred
STREET ADDRESS 518 SW 8th St.
CITY-ST-ZIP Ft. Lauderdale, Fl 33315 ☒ Change ☐ Addition

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

TITLE S.
NAME Stone, Joyce
STREET ADDRESS 2500 NE 48th Lane
CITY-ST-ZIP Ft. Lauderdale, Fl 33308 ☒ Change ☐ Addition

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

TITLE T
NAME Apoian, Corrine
STREET ADDRESS 2350 NE 14th St. #303
CITY-ST-ZIP Pompano Bch. Fl 33062 ☒ Change ☐ Addition

TITLE D
NAME BANNER, PAULINE
STREET ADDRESS 509 SW 20TH ST
CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☒ Delete

TITLE D
NAME Boyd, Lois
STREET ADDRESS 103 NE 26th St.
CITY-ST-ZIP Wilton Manors, Fl 33305 ☒ Change ☐ Addition

TITLE D
NAME GIBSON, BESS
STREET ADDRESS 308 SW 8TH ST
CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☒ Delete

TITLE D
NAME Collins, Eula
STREET ADDRESS 2630 NW 21st St.
CITY-ST-ZIP Ft. Lauderdale, Fl 33311 ☒ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-02

Date

Daytime Phone #

CR2E037 (9/01)