

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90154 020 *****61.25

DOCUMENT # N93000002686

1. Entity Name

**NORTH BROWARD HOSPITAL DISTRICT RETIREES' CLUB,
INC.**



Principal Place of Business

**303 SE 17TH ST
FT LAUDERDALE FL 33316**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **65-0449927**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILLIAM R SCHERER CONRAD & SCHERER
633 SOUTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CARRILLO, LUCILLE	
STREET ADDRESS	2240 SW 42ND TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33317	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCMURTIE, FRED	
STREET ADDRESS	518 SW 8TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE	S	<input type="checkbox"/> Delete
NAME	STONE, JOYCE	
STREET ADDRESS	2500 NE 49TH LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	T	<input type="checkbox"/> Delete
NAME	APOIAN, CORRINE	
STREET ADDRESS	2350 NE 14TH STREET #303	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYD, LOIS	
STREET ADDRESS	103 NE 26TH STREET	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, EULA	
STREET ADDRESS	2630 NW 24TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Balano, Anthony	
STREET ADDRESS	4531 Thomas St.	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	V.P. (same)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clews, Ginny	
STREET ADDRESS	12750 SW 15 St. #D-309	
CITY-ST-ZIP	Pembroke Pines, FL 33027	
TITLE	Treas. (same)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gull, Ginny	
STREET ADDRESS	1785 N. Andrews Sq. #103	
CITY-ST-ZIP	Ft. Laud., FL 33311	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barnes, Pat	
STREET ADDRESS	4201 NW 34 Way	
CITY-ST-ZIP	Ft. Laud., FL 33309	

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] **4-15-2003**

CR2E037 (10/02)