

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 13, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000002946**

1. Entity Name  
**GAY & LESBIAN COMMUNITY CENTER OF GREATER FORT LAUDERDALE, INC.**

Principal Place of Business 1164 E. OAKLAND PARK BLVD STE 200 FT LAUDERDALE FL 33334	Mailing Address P.O. BOX 70518 FT LAUDERDALE FL 333070518
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2. Principal Place of Business 1717 N. ANDREWS AVENUE	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State FT LAUDERDALE FL	City & State
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Zip 33311	Country US	Zip	Country
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4. FEI Number <b>65-0431045</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MACLEAN TODD**  
**1164 E. OAKLAND PARK BLVD**  
**STE 200**  
**FT LAUDERDALE FL 33334**

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.

SIGNATURE **MARIA C. KONDRACKI** DATE **07/13/2001**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KONDRACKI MARIA C 5900 N. ANDREWS AVENUE, SUITE #250 FORT LAUDERDALE FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY KAREN 4400 NW 19TH AVE OAKLAND PARK FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED NICHOLAS ED 1717 N. ANDREWS AVENUE FORT LAUDERDALE FL 33311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEISER ANDREW 2840 N. E. 60TH STREET FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEIDER J. MICHAEL DDS 2026 N. E. 19TH STREET FT LAUDERDALE FL 33305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORAN CAROL 1208 N. E. 12TH AVENUE FT. LAUDERDALE FL 33304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Carol Moran** PD 07/13/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)