

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N9300000531

FILED  
Apr 28, 2002 8:00 AM  
Secretary of State

**Entity Name:** GOLDCOAST CHAPTER OF SWEET ADELINES INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

9290 MARTINIQUE DR.  
MIAMI, FL 33189

**New Principal Place of Business:**

**Current Mailing Address:**

9290 MARTINIQUE DR.  
MIAMI, FL 33189

**New Mailing Address:**

**FEI Number:** 65-0453320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAU, MARGE  
9290 MARTINIQUE DR.  
MIAMI, FL 33189 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DEMNER, EILEEN  
Address: 1280 SW 82ND TERRACE, STE 111  
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete  
Name: MUELLER, MICHELE  
Address: 1124 NW 81ST TERR  
City-St-Zip: PLANTATION, FL 33322

Title: D ( ) Delete  
Name: LINDEMANN, CASSANDRA  
Address: 2827 HELM CT, STE 205  
City-St-Zip: LANTANA, FL 33462

Title: PD ( ) Delete  
Name: MARCUM, ELLEN  
Address: 193 S E RIVER BEND  
City-St-Zip: STUART, FL 34997

Title: T ( ) Delete  
Name: WOOLAVER, H B  
Address: 1911 SW 52 TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DEMNER, EILEEN  
Address: 11370 S.W. 12TH CT  
City-St-Zip: DAVIE, FL 33325

Title: D (X) Change ( ) Addition  
Name: MUELLER, MICHELE  
Address: 2232 N.W. 82 AVE  
City-St-Zip: SUNRISE, FL 33322

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: WOOLAVER, H B  
Address: 1911 SW 52 TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. BEA WOOLAVER

TD

04/28/2002

Electronic Signature of Signing Officer or Director

Date