

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90094 006 \*\*\*\*61.25

**DOCUMENT # N95000003578**

1. Entity Name

**DISTRICT VII COMMUNITY COUNCIL, INC.**



Principal Place of Business

**7515 N.W. 88 AVE.  
TAMARAC FL 33321**

Mailing Address

**7515 N.W. 88 AVE.  
TAMARAC FL 33321**

**20016495**



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 **65-0600448**

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

7. Name and Address of New Registered Agent

**STONE, MEL  
8638 NW 82 STREET  
TAMARAC FL 33321**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUGGER, KEVIN</b>	
STREET ADDRESS	<b>7515 N.W. 85TH AVE.</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WOLFF, ROBERT</b>	
STREET ADDRESS	<b>8350 NW 73 STREET</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>STONE, MEL</b>	
STREET ADDRESS	<b>8638 NW 82 STREET</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ROTHMAN, CHARLES</b>	
STREET ADDRESS	<b>7626 NW 87 AVENUE</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARKINS, JIM</b>	
STREET ADDRESS	<b>8172 ROYAL PALM COURT</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROBERTS, KAREN</b>	
STREET ADDRESS	<b>6608 NW 78 STREET</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>5</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOLFF, ROBERT</b>	
STREET ADDRESS	<b>8350 NW 73 STREET</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARKINS, JIM</b>	
STREET ADDRESS	<b>8172 ROYAL PALM COURT</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALVIN WEIN</b>	
STREET ADDRESS	<b>7515 NW 88 AVE</b>	
CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	

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:**

*CHARLES ROTHMAN*

*1/17/03*

*(954) 722-2087*

CR2E037 (10/02)