

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005979

1. Entity Name

VOLUNTEER AUXILIARY, INC. OF PLANTATION GENERAL

Principal Place of Business

401 N.W. 42ND AVENUE
PLANTATION FL 33317

Mailing Address

401 N.W. 42ND AVENUE
PLANTATION FL 33317-2835

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GASSEW, LIZ
401 N.W. 42ND AVENUE
PLANTATION FL 33317

4. FEI Number

65-0632480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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 PD
NAME DEVITT, CATHY
STREET ADDRESS 5861 S W 15TH STREET
CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete

TITLE VD
NAME DRISPANO, JEAN
STREET ADDRESS 500 S.W. 169TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE ST
NAME GLADSTONE, IRMA
STREET ADDRESS 4750 N.W. 21ST STREET
CITY-ST-ZIP LAUDERHILL FL ☐ Delete

TITLE TD
NAME GELMAN, SELMA
STREET ADDRESS 11470 N W 42ND ST
CITY-ST-ZIP SUNRISE FL 33323 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Cathy Devitt* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90206 017 ****61.25

902334



DO NOT WRITE IN THIS SPACE