

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90279 026 ****61.25

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

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

65-0632480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE PD
 NAME ABRAMOWITZ, DOROTHY
 STREET ADDRESS 4821 SUNRISE LAKES BLVD.
 CITY-ST-ZIP SUNRISE, FL. 33322 ☒ Change ☐ Addition

TITLE
 NAME Crispino, Jean (name misspelled)
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ST
 NAME MATARAZZO, ELSIE
 STREET ADDRESS 4963 NW 116 AVE
 CITY-ST-ZIP CORAL SPRINGS, FL. 33076 ☒ Change ☐ Addition

TITLE
 NAME APOLLONY, HOPE
 STREET ADDRESS 826 NW 92 AVE.
 CITY-ST-ZIP PLANTATION, FL. 33324 ☒ Change ☐ Addition

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

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

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 REQUIRED
 Jean Crispino

4/2/01 (954) 476-3994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)