

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003515

1. Entity Name

AMERICAN BUSINESS WOMEN'S ASSOCIATION, PEMBROKE

Principal Place of Business

740 S CRESCENT DRIVE
HOLLYWOOD FL 33021

Mailing Address

P.O. BOX 822253
S. FLORIDA FL 33082-2253

2. Principal Place of Business

5601 SW 136th Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Rt. LAUDERDALE

FLORIDA

Zip 33330

Country

USA

Zip

33330

Country

4. FEI Number

65-0489007

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BYRNE-MATHEWS, DEBRA
10921 SW 10 CT.
SUITE 135
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name: LINDA KERIN Arnold
Street Address (P.O. Box Number is Not Acceptable):
5601 SW 136th Ave
Rt. LAUDERDALE,
City: FL Zip Code: 33330

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: Linda Kerin Arnold (TREASURER) 4/26/00
(NOTE: Registered Agent signature required when reinstating)

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	SD	NAME	MINER, JOANNE	STREET ADDRESS	9646 PINES BLVD	CITY-ST-ZIP	PEMBROKE PINES FL 33024	<input checked="" type="checkbox"/> Delete
TITLE	VD	NAME	DONZ, STEPHANIE	STREET ADDRESS	15440 HUNTRIDGE DR.	CITY-ST-ZIP	DAVIE FL	<input type="checkbox"/> Delete
TITLE	VD	NAME	PERSAN, JUDITH	STREET ADDRESS	19240 N.W. 22 ST.	CITY-ST-ZIP	PEMBROKE PINES FL	<input checked="" type="checkbox"/> Delete
TITLE	PD	NAME	BYRNE-MATHEWS, DEBRA	STREET ADDRESS	10921 SW 10 CT.	CITY-ST-ZIP	PEMBROKE PINES FL 33025	<input checked="" type="checkbox"/> Delete
TITLE	SD	NAME	RITCHIE, LISA	STREET ADDRESS	4926 SW 44TH TERR	CITY-ST-ZIP	FT LAUDERDALE FL 33314	<input checked="" type="checkbox"/> Delete
TITLE	TD	NAME	TOBIER, SHIELA	STREET ADDRESS	4584 N. HIATUS RD.	CITY-ST-ZIP	SUNRISE FL 33351	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES. - ELECT	NAME	SUSAN FREIFELD	STREET ADDRESS	11567 N. OPEN COURT	CITY-ST-ZIP	COOPER CITY FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TREASURER	NAME	LINDA A Arnold	STREET ADDRESS	5601 SW 136th Ave	CITY-ST-ZIP	FT. LAUDERDALE, FL 33330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	REC. SECRETARY	NAME	BARBARA KEMANER	STREET ADDRESS	4351 S. PINE ISLAND RD.	CITY-ST-ZIP	DAVIE, FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	CORR. SECRETARY	NAME	JOY BITEL	STREET ADDRESS	PO BOX 9176	CITY-ST-ZIP	PEMBROKE PINES, FL 33084	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	V. PRES	NAME	KATHY STARKER	STREET ADDRESS	311 SW 71st Way	CITY-ST-ZIP	PEMBROKE PINES, FL 33023	<input type="checkbox"/> Change <input checked="" 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)