

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004973

1. Entity Name

FRIENDS OF THE WESTERN COMMUNITIES CENTER FOR TH

Principal Place of Business

12797 FOREST HILL BLVD.
WELLINGTON FL 33414

Mailing Address

13860-12 WELLINGTON TRACE
PMB 320
WELLINGTON FL 33414
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0695796

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ZANGEN, ALAN
1200 CORPORATE CENTER WAY, #201
WELLINGTON FL 33414

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 CD ☐ Delete
NAME BOYNTON, BENJAMIN G
STREET ADDRESS 12797 FOREST HILL BLVD
CITY-ST-ZIP WELLINGTON FL 33414

TITLE VPD ☐ Change ☒ Addition
NAME MARIA WISE MILLER
STREET ADDRESS 12230 FOREST HILL BLVD
CITY-ST-ZIP WELLINGTON FL 33414

TITLE PD ☐ Delete
NAME PALENSCHAT, DICK
STREET ADDRESS 1530 GRANTHAM DRIVE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE VPD ☐ Change ☒ Addition
NAME JOSEPH PICON CELLI
STREET ADDRESS P.O. BOX 1215
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE VSD ☒ Delete
NAME MILES, MARK
STREET ADDRESS 14120 TECOMA DRIVE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ Change ☐ Addition
NAME VALERIE MCKINLEY
STREET ADDRESS 1530 GRANTHAM DR
CITY-ST-ZIP WELLINGTON FL 33414

TITLE TD ☐ Delete
NAME PURCELL, JIM
STREET ADDRESS 880 CEDAR COVE DRIVE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ Change ☐ Addition
NAME KARYL SILVER
STREET ADDRESS 11881 DONLIN DR
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☒ Delete
NAME DILLON, JUDITH
STREET ADDRESS 12770 WESTPORT CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ Change ☐ Addition
NAME ALAN ZANGEN
STREET ADDRESS 1200 CORPORATE CENTER WAY
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ Delete
NAME LEVINSON, MIMI
STREET ADDRESS 12024 SUELLEN CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.20.01

561-745-1950

Date

Daytime Phone #

CR2E037 (10/00)