

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005287

1. Entity Name

OAKLAND PARK COMMUNITY CENTER, INC.

FILED

Jun 03, 2000 8:00 am  
Secretary of State

06-03-2000 90143 020 \*\*\*\*61.25

Principal Place of Business

2800 W. OAKLAND PARK BLVD.  
OAKLAND PARK FL 33311

Mailing Address

OAKLAND PARK COM. CEN., INC.  
P.O. BOX 1601  
POMPANO BEACH FL 33061-1601

P.O. Box 1601

2. Principal Place of Business

~~561 S.E. 18th Ave~~

3. Mailing Address

~~89116~~

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL.

City & State

4. FEI Number

65-0782238

Applied For

Not Applicable

Zip

33061

Country

USA

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

GANDON, FERNANDO

561 S.E. 18TH AVENUE

POMPANO BEACH FL 33060

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 GANDON, FERNANDO  
STREET ADDRESS 561 S.E. 18TH AVENUE  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME ELIZAGARATE, HATVEY  
STREET ADDRESS 909 SURFSIDE BLVD.  
CITY-ST-ZIP SURFSIDE FL 33154

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME MCCARTHY, JOHN  
STREET ADDRESS 80 S.W. 8TH AVENUE  
CITY-ST-ZIP DANIA FL 33304

TITLE  
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CITY-ST-ZIP

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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:

FERNANDO GANDON PRES. 4/28/00 (954) 240-2899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)