

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005601

1. Entity Name

WESTON PHILHARMONIC SOCIETY, INC.

Principal Place of Business

7320 GRIFFIN ROAD STE. 109
DAVIE FL 33314

Mailing Address

7320 GRIFFIN ROAD STE. 109
DAVIE FL 33314-4105

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0797970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KALIS, NEAL R
7320 GRIFFIN ROAD STE. 109
DAVIE FL 33314

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	☒ Delete
NAME	BERGER, LITHA	
STREET ADDRESS	658 SPINNAKER	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VPD	☒ Delete
NAME	ALAACA, ANTHONY	
STREET ADDRESS	2137 HARBOR WAY	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VPD	☒ Delete
NAME	EDELMAN, JUDI	
STREET ADDRESS	650 SPINNAKER	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VPD	☒ Delete
NAME	NORTON, JIM	
STREET ADDRESS	210 CAMERON CT.	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	SD	☐ Delete
NAME	CRAVEN, NANCY	
STREET ADDRESS	3160 HUNTER ROAD	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	SD	☒ Delete
NAME	ROBAINA, JUDI	
STREET ADDRESS	16526 RUBY LAKE	
CITY-ST-ZIP	WESTON FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☒ Addition
NAME	JOHANSEN, MARILYN	
STREET ADDRESS	1238 JASMINE CIRCLE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	VPD	☐ Change ☒ Addition
NAME	BERGER, LITHA	
STREET ADDRESS	658 SPINNAKER	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	VPD	☐ Change ☒ Addition
NAME	ROBAINA, JUDI	
STREET ADDRESS	16526 RUBY LAKE	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE	VPD	☐ Change ☒ Addition
NAME	VANHOTT, LITE	
STREET ADDRESS	681 SPINNAKER	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	SD	☒ Change ☐ Addition
NAME	CRAVEN, NANCY	
STREET ADDRESS	2740 HACKNEY RD.	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE	FL	☐ Change ☒ Addition
NAME	BOROSKI, SHEILA	
STREET ADDRESS	2871 BIRKDALE	
CITY-ST-ZIP	WESTON, FL 33332	

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)