

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003820

1. Entity Name

THE DISTRICT VIII COMMUNITY COUNCIL, INC.

Principal Place of Business

17300 ARVIDA PARKWAY
WESTON FL 33326

Mailing Address

17300 ARVIDA PARKWAY
WESTON FL 33326

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

65-0847256

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

PERKIN, M J
C/O DISTRICT VIII COMMUNITY COUNCIL
17300 ARVIDA PARKWAY
WESTON FL 33326

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

M. J. Perkin

M. J. Perkin

4/6/01

Signature, type 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 PERKIN, MJ
STREET ADDRESS 70R HERITAGE DR
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

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

TITLE VPD
NAME SHAW, JACK
STREET ADDRESS 1123 HICKORY WAY
CITY-ST-ZIP WESTON FL 33327 ☒ Delete

TITLE VPD
NAME Alexander Halperin
STREET ADDRESS 1075 CAPISTRANO
CITY-ST-ZIP Weston, FL 33328 ☐ Change ☐ Addition

TITLE TD
NAME BLOCK, ALLAN
STREET ADDRESS 3058 LAKEWOOD DR
CITY-ST-ZIP WESTON FL 33332 ☐ Delete

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

TITLE D
NAME GRIMSON, BARRY
STREET ADDRESS 1043 LAGUNA SPRINGS DR
CITY-ST-ZIP WESTON FL 33327 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: *ALLAN BLOCK* SIGNATURE REQUIRED ALLAN BLOCK 4/6/01 954-389-0442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90020 009 ****61.25

60027392



DO NOT WRITE IN THIS SPACE