

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90087 038 ****61.25

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**

22003812



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0847256**

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

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **PERKIN, MJ**
STREET ADDRESS **700 HERITAGE DR**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **Director** ☐ Change ☒ Addition
NAME **Sandor Puritzky**
STREET ADDRESS **2539 Bay Pointe Dr**
CITY-ST-ZIP **Weston, FL 33327**

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

TITLE **Director** ☐ Change ☒ Addition
NAME **ELI HABIB**
STREET ADDRESS **12307 FOX HOLLOW**
CITY-ST-ZIP **Weston FL 33331**

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

TITLE **Director** ☐ Change ☐ Addition
NAME **Robert Goldman**
STREET ADDRESS **14th Harbourside Dr**
CITY-ST-ZIP **Weston FL 33326**

TITLE **VPD** ☒ Delete
NAME **HALPERIN, ALEXANDER**
STREET ADDRESS **1095 CAPISTRANO**
CITY-ST-ZIP **WESTON FL 33327**

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

TITLE **Director** ☐ Delete
NAME **J. MAZOR**
STREET ADDRESS **1341 Harbourside Dr**
CITY-ST-ZIP **Weston FL 33326**

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

TITLE **Director** ☐ Delete
NAME **Manuel Ross**
STREET ADDRESS **653 Sand Creek Circle**
CITY-ST-ZIP **Weston FL 33327**

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:

Manuel Ross **2/3/03** **954-389-0142**

CR2E037 (10/02)