

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90243 023 ****61.25

DOCUMENT # N98000005705

1. Entity Name

SOROPTIMIST INTERNATIONAL OF BOCA RATON/DEERFIELD

Principal Place of Business

Mailing Address

**300 N.W. 35TH STREET
 BOCA RATON FL 33432**

**300 N.W. 35TH STREET
 BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0879425

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, CYNTHIA L
 1070 N.E. 2 TERRACE
 BOCA RATON FL 33432**

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	D	<input checked="" type="checkbox"/> Delete
NAME	PANZERI, MARY JANE	
STREET ADDRESS	P.O. BOX 273981	
CITY-ST-ZIP	BOCA RATON FL 33427	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WHITE, CYNTHIA L	
STREET ADDRESS	1070 NE 2ND TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCALLISTER, JANE	
STREET ADDRESS	1081 NW 13 STREET #1	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRITTELL, DOREEN	
STREET ADDRESS	18800 HAYWOOD TERR #2	
CITY-ST-ZIP	BOCA RATON FL 3496	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARD, JOYCE	
STREET ADDRESS	4642 ADDISON ST	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elke Schmitt	
STREET ADDRESS	452 SE 5th Place	
CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angie Su	
STREET ADDRESS	2150 Arca Palm Rd.	
CITY-ST-ZIP	Boca Raton FL 33432	
TITLE	Recording Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Toni Carter	
STREET ADDRESS	1290 SW 4th Street	
CITY-ST-ZIP	Boca Raton, FL 33484	
TITLE	Corresponding Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hemille Ostberg	
STREET ADDRESS	1202 NW 14th Street	
CITY-ST-ZIP	Boca Raton FL 33486	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marie Leible	
STREET ADDRESS	7778 March Street Court	
CITY-ST-ZIP	Delray Beach FL 33446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Cynthia White* **REQ CYNTHIA WHITE**

Date: **4/30/00** Daytime Phone #: **5614474263**

CR2E037 (10/00)