

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90038 036 \*\*\*\*61.25

0034774

**DOCUMENT # N98000005705**

1. Entity Name

**SOROPTIMIST COMMUNITY SERVICE OF BOCA RATON/DEER  
 FIELD BEACH, INC.**

Principal Place of Business

Mailing Address

306 N.W. 35TH STREET  
 BOCA RATON FL 33432

306 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

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0879425**

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

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

Name: **Castello, John CPA**  
 Street Address (P.O. Box Number is Not Acceptable):  
**1300 N Federal Highway  
 Suite 202**  
 City: **Boca Raton** FL Zip Code: **33432**

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

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/16/02**

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	P	<input type="checkbox"/> Delete
NAME	SCHMIDT, ELKE	
STREET ADDRESS	1452 SE 5TH PLACE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SU, ANGIE	
STREET ADDRESS	2150 ARECA PALM RD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	V	<input checked="" 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	LEIBLE, MARIE	
STREET ADDRESS	7778 MONARCH COURT	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHARD, JOYCE	
STREET ADDRESS	4642 ADDISON ST	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	RS	<input checked="" type="checkbox"/> Delete
NAME	CARDER, TONI	
STREET ADDRESS	1290 SW 4TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doreen Brittell	
STREET ADDRESS	18800 Haywood Ter #2	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN CUTAJAR	
STREET ADDRESS	5599 PORTO FINO DR.	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERNILLE OSTBERG	
STREET ADDRESS	1202 NW 14th ST.	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYNTHIA CUMMINGS	
STREET ADDRESS	1290 GEORGE BUSH BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	RS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Connie Siskowski	
STREET ADDRESS	3021 NW 53rd Street	
CITY-ST-ZIP	Boca Raton, FL 33496	

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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/17/02** Daytime Phone #: **561-999-9198**

CR2E037 (9/01)