

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

DOCUMENT # N99000001983

1. Entity Name

FT. LAUDERDALE PFLAG, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

02-01-2000 90040 022 ****61.25

Principal Place of Business

5286 LEITNER DRIVE EAST
CORAL SPRINGS FL 33067

Mailing Address

5286 LEITNER DRIVE EAST
CORAL SPRINGS FL 33067-2043

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

65-0897246

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

ASHE, JANE
5286 LEITNER DRIVE EAST
CORAL SPRINGS FL 33067

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	President	<input type="checkbox"/> Delete
NAME	Linda Wegweiser	
STREET ADDRESS	68 Hickory Road	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	Co-President	<input type="checkbox"/> Delete
NAME	Jane Ashe	
STREET ADDRESS	5286 Leitner Dr. East	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	President	<input type="checkbox"/> Delete
NAME	Sydney Besen	
STREET ADDRESS	3655 NE 32nd Ave., #215	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Neil Besen	
STREET ADDRESS	3655 NE 32nd Ave., #215	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Lynda Lazarus	
STREET ADDRESS	340 N. 69th Ave.	
CITY-ST-ZIP	Hollywood, FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Co-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Wegweiser	
STREET ADDRESS	68 Hickory Road	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	Co-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jane Ashe	
STREET ADDRESS	5286 Leitner Dr. East	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sydney Besen	
STREET ADDRESS	3655 NE 32nd Ave., #215	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neil Besen	
STREET ADDRESS	3655 NE 32nd Ave., #215	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynda Lazarus	
STREET ADDRESS	340 N. 69th Ave.	
CITY-ST-ZIP	Hollywood, FL 33024	
TITLE		<input type="checkbox"/> Change <input checked="" 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 *Jane Ashe* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00

954-753-1219

Date

Daytime Phone #