

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003429

1. Entity Name

SOUTH FLORIDA CHAPTER FLORIDA STATE GUARDIANSHIP

Principal Place of Business

Mailing Address

C/O MARWIN S. CASSELL, P.A.
201 SOUTH BISCAYNE BLVD. SUITE 3000
MIAMI FL 33131

C/O MARWIN S. CASSELL, P.A.
201 SOUTH BISCAYNE BLVD. SUITE 3000
MIAMI FL 33131-4330

2. Principal Place of Business

3. Mailing Address

8930 State Road 84

8930 State Road 84

Suite, Apt. #, etc.
316

Suite, Apt. #, etc.
316

City & State
DAVIE, FL

City & State
DAVIE, FL

Zip
33324

Country
USA

Zip
33324

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

☒ 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

B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131

Name
LINDA M. WOLONICK

Street Address (P.O. Box Number is Not Acceptable)

9662 Ridgecrest Court

City
DAVIE

FL

Zip Code
33328

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZAMORA, ENRIQUE
1102 PONCE DE LEON BLVD.
CORAL GABLES FL 33134 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
FERNANDEZ-TALCOTT, MAGGIE
11380 NORTHWEST 27TH AVE. ROM 3242-20
MIAMI FL 33167 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CASSEL, MARWIN S ESQ.
201 S. BISCAYNE BLVD. SUITE 3000
MIAMI FL 33131 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ABEL-REISER, BARBARA
201 S. BISCAYNE BLVD. SUITE 3000
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
555 Biscayne Blvd.
Miami FL 33137 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SHUMAN-AUSPITZ, LORI
201 S. BISCAYNE BLVD. SUITE 3000
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1641 Harbourview Drive
Weston, FL 33326 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
TURNER, WENDY
201 S. BISCAYNE BLVD. SUITE 3000
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
11701 S.W. 57 Court
Coral Gables FL 33156 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/00