

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90037 016 \*\*\*\*61.25

**DOCUMENT # N99000007351**

1. Entity Name

**CORAL SPRINGS SISTER CITIES ASSOCIATION, INC.**

Principal Place of Business

9551 W SAMPLE ROAD  
 CORAL SPRINGS FL 33065

Mailing Address

9551 W SAMPLE ROAD  
 CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0997881**

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

**GOREN, SAMUEL S**  
**3099 E COMMERCIAL BLVD STE 200**  
**FT LAUDERDALE FL 33308-4311**

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**  
**After September 13, 2000 min. will be \$236.25**

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	President "D"	<input type="checkbox"/> Delete
NAME	Janet Oppenheimer	
STREET ADDRESS	11829 Highland Place	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	Vice President "D"	<input type="checkbox"/> Delete
NAME	Steve High	
STREET ADDRESS	863560 NW 110 Lane	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	Secretary "D"	<input type="checkbox"/> Delete
NAME	Linda Shaub	
STREET ADDRESS	4999 NW 96 Drive	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	Treasurer "D"	<input type="checkbox"/> Delete
NAME	Joan K. Goodrich	
STREET ADDRESS	1711 NW 85 Drive	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**JOAN K. GOODRICH, TREASURER**

**9/11/00**  
 Date

**984/524-3113**  
 Daytime Phone #

CR2E037 (5/00)