

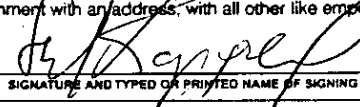
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90642 037 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000007351				✓ NC	
1. Entity Name CORAL SPRINGS SISTER CITIES ASSOCIATION, INC. CORAL SPRINGS INTERNATIONAL PARTNERSHIPS, II					
Principal Place of Business 9551 W Sample Rd. Coral Springs, FL 33065			Mailing Address 9551 W. Sample Rd. Coral Springs, FL 33065		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0997881	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOREN, SAMUEL S. 3099 E. COMMERCIAL BLVD. STE 200 FT. LAUDERDALE, FL 33308-4311				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 re-registering)					
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	President "D"	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	Janet Oppenheimer		NAME		
STREET ADDRESS	11839 Highland Place		STREET ADDRESS		
CITY-ST-ZIP	Coral Springs, FL 33071		CITY-ST-ZIP		
TITLE	Vice President "D"	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	Steve High		NAME		
STREET ADDRESS	3560 NW 110 Lane		STREET ADDRESS		
CITY-ST-ZIP	Coral Springs, FL 33065		CITY-ST-ZIP		
TITLE	Secretary "D"	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	Linda Shaub		NAME		
STREET ADDRESS	4999 NW 96 Drive		STREET ADDRESS		
CITY-ST-ZIP	Coral Springs, FL 33076		CITY-ST-ZIP		
TITLE	Treasurer "D"	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	Joan K. Goodrich		NAME	Sidney H. Kopperl	
STREET ADDRESS	1711 NW 85 Drive		STREET ADDRESS	11638 NW 48th Ct.	
CITY-ST-ZIP	Coral Springs, FL 33065		CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		Sidney H. Kopperl, Treasurer		4/30/01 (954) 745-2675	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E037 (11/00)