

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90162 030 \*\*\*550.00

**DOCUMENT # P02000108675**

1. Entity Name  
**PARKLAND CHAMBER OF COMMERCE, INC.**



Principal Place of Business  
**6020 NW 96TH DRIVE  
PARKLAND FL 33076**

Mailing Address  
**6020 NW 96TH DRIVE  
PARKLAND FL 33076**



2. Principal Place of Business  
**5933 W. Hillsboro**

3. Mailing Address  
**5933 W. Hillsboro**

Suite, Apt. #, etc.  
**#167**

CHECK HERE IF MAKING CHANGES

City & State  
**PARKLAND FL**

4. FEI Number  
**06-1651859**

Applied For  
 Not Applicable

Zip  
**33067**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WEINSTOCK, MARK**  
**6020 NW 96TH DRIVE**  
**PARKLAND FL 33076**

7. Name and Address of New Registered Agent

Name  
**SCOTT EISLER CAROTHERS**

Street Address (P.O. Box Number is Not Acceptable)  
**6493 NW 78th PLACE**

~~6020 NW 96th Drive~~

City  
**PARKLAND** **FL** Zip Code  
**33076**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **SCOTT CAROTHERS TREASURER** **8/13/03**

(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD EISLER, SCOTT 6020 NW 96TH DRIVE PARKLAND FL 33076</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD WEINSTOCK, MARK 6020 NW 96TH DRIVE PARKLAND FL 33076</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HYMAN, MARK 6020 NW 96TH DRIVE PARKLAND FL 33076</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MIRSKY, JOEL 6020 NW 96TH DRIVE PARKLAND FL 33076</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DWECK, DAVID 6020 NW 96TH DRIVE PARKLAND FL 33076</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD EPSTEIN, BARRY 6020 NW 96TH DRIVE PARKLAND FL 33076</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SCOTT CAROTHERS 6493 NW 78th PLACE PARKLAND FL 33067</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:  **SCOTT CAROTHERS** **8/13/03** **954 346 7275**

CR2E034 (4/03)