

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90062 019 \*\*\*\*61.25

**DOCUMENT # 701488**

1. Entity Name

**THE MIAMI FRIENDS MEETING OF THE RELIGIOUS SOCIE**

Principal Place of Business

Mailing Address

1185 SUNSET ROAD  
 CORAL GABLES FL 33143

1185 SUNSET ROAD  
 CORAL GABLES FL 33143-6058

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

**23-7372958**

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**

**7. Name and Address of New Registered Agent**

**EMERSON, DORIS**  
**914 EAST RIDGE VILLAGE DR**  
**MIAMI FL 33157**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAWSON, JON</b>	
STREET ADDRESS	<b>9830 S.W. 82 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PYRON, DARDEN</b>	
STREET ADDRESS	<b>5634 SW 60 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LANDOWNE, DAVID</b>	
STREET ADDRESS	<b>6926 S.W. 62ND CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>EMERSON, DORIS</b>	
STREET ADDRESS	<b>914 EAST RIDGE VILLAGE DR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<del><b>STEVENS, JOHN</b></del>	
STREET ADDRESS	<del><b>9430 S.W. 99 AVE.</b></del>	
CITY-ST-ZIP	<del><b>MIAMI FL 33155</b></del>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GRANT, GERALDINE</b>	
STREET ADDRESS	<b>4724 SW 64 COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D Warren Hoskins</b>	
STREET ADDRESS	<b>12040 S.W. 187th ST.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33177</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERALDINE GRANT</b>	
STREET ADDRESS	<b>1250 S. Alhambra Cir, Apt. 11</b>	
CITY-ST-ZIP	<b>Coral Gables, FL 33146</b>	

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: Doris M. Emerson, Treas. **DORIS EMERSON** 3/12/00 305-251-7073  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)