

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712382

1. Entity Name

GEORGE MERRICK TROOP 7 OF CORAL GABLES, INC.

Principal Place of Business

1107 SOUTH GREENWAY DRIVE
CORAL GABLES FL 33134

Mailing Address

1107 SOUTH GREENWAY DRIVE
CORAL GABLES FL 33134-4764

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

59-6194123

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

DIXON, THOMAS R
1416 MEDINA AVE
CORAL GABLES FL 33134

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

T ☐ Delete
NAME DIXON, THOMAS R
STREET ADDRESS 1416 MEDINA AVE
CITY-ST-ZIP CORAL GABLES, FL 00000

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

P ☐ Delete
NAME LEWIS, PETER A.
STREET ADDRESS 1107 S. GREENWAY DRIVE
CITY-ST-ZIP CORAL GABLES FL

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

D ☐ Delete
NAME CROWNOVER, JOSEPH C
STREET ADDRESS 20221 S W 117 AVE
CITY-ST-ZIP MIAMI, FL 00000

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

D ☐ Delete
NAME KIMBALL, FRED
STREET ADDRESS 1107 S. GREENWAY DRIVE
CITY-ST-ZIP CORAL GABLES FL

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

D ☐ Delete
NAME MARCALLE, MARTHA
STREET ADDRESS 6520 S.W. 42 STREET
CITY-ST-ZIP MIAMI FL 33155

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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

Date

Daytime Phone #

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90039 010 ****61.25



DO NOT WRITE IN THIS SPACE

CR21:017 (3/98)

1-5-2000 (305) 666-6523