

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90005 038 ****61.25

DOCUMENT # 712382

1. Entity Name

GEORGE MERRICK TROOP 7 OF CORAL GABLES, INC.

Principal Place of Business

Mailing Address

**1107 SOUTH GREENWAY DRIVE
 CORAL GABLES FL 33134**

**1107 SOUTH GREENWAY DRIVE
 CORAL GABLES FL 33134**

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 REQUIRED

1/16/02 (305) 666-6527

CR2E037 (9/01)