

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90056 042 *****61.25

DOCUMENT # N00000003511

1. Entity Name

EVCLAY/PRSA MIAMI CHAPTER ENDOWMENT FUND, INC.

Principal Place of Business

Mailing Address

**6701 S W 94TH STREET
 PINECREST FL 33156**

**6701 S W 94TH STREET
 PINECREST FL 33156**

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

NOT APPLICABLE

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

**ROSS, ROBERT C
 6701 S W 94TH STREET
 PINECREST FL 33156**

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 Robert C. Ross

JAN 18, 2002

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 NAME STREET ADDRESS CITY-ST-ZIP	D FISKE, ROSANNA C/O 526 SAN ANTONIO AVENUE CORAL GABLES FL 33146 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, BETH 269 GIRADLA AVE STE 303 CORAL GABLES FL 33134 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODSON, TIM C/O 806 DOUGLAS ROAD, 11TH FLOOR CORAL GABLES FL 33134 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, BOB 6701 S W 94TH STREET PINECREST FL 33156 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SATTERLEE, JOY C/O 3280 SOUTH MIAMI AVENUE MIAMI FL 33129 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATOGGIO, MONIQUE UNIVERSITY PARK MIAMI FL 33199 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DODSON, TIM 120 NE 6TH STREET #807 MIAMI, FL 33138 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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: Robert C. Ross

1-18-02

305-666-0012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)