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# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Sep 12, 2002 8:00 am**
**Secretary of State**
08-20-2002 90132 023 ****61.25

DOCUMENT # N12008

99152

[redacted]

DO NOT WRITE IN THIS SPACE

1. Entity Name

LEAGUE OF WOMEN VOTERS OF DADE COUNTY EDUCATION FUND, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5275 SUNSET DR<br>#18<br>MIAMI FL 33143<br>US | 5275 SUNSET DR<br>#18<br>MIAMI FL 33143<br>US |

| 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 59-2716577 ☐ 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 |
|---|---|
| COMELLAS-MACRETTI, ADRIANA<br>12250 SW 93 STREET<br>MIAMI FL 33186 | Name: Bobbie Brinegar<br>Street Address (P.O. Box Number is Not Acceptable): 625 Almeria Ave #3<br>City: Coral Gables FL Zip Code 33134 |

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 Bobbie Brinegar
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**After September 13, 2002, min. will be $236.25.**

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 | PD<br>COMELLAS-MACRETTI, ADRIANA<br>12250 SW 93 ST<br>MIAMI FL 33186 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President<br>Santiago Alcongo<br>1101 Brickell Ave #402<br>Miami Flg. 33131 | ☑ Change ☑ Addition D |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BICHARA, BLANCA<br>14701 SW 42 WAY<br>MIAMI FL 33185 | ☐ Delete D | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>WILLIAMS, RUTH<br>7373 LOCH NESS DR<br>MIAMI LAKES FL 33014 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Ruth Kimbrough<br>525 NE 11th St<br>Miami Flg. 33161 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>COBLE, TERRY<br>601 NE 56 ST<br>MIAMI FL 33137 | ☐ Delete D | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>LEONE, ARLINE<br>5865 SW 108 ST<br>MIAMI FL 33156 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President<br>Treska Rao<br>6418 NW 200th Ter<br>Higleah Flg. 33015 | ☐ Change ☑ Addition D |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>BRINEGAR, BOBBIE<br>7825 SW 57 AVE<br>MIAMI FL 33143 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Bobbie Brinegar<br>625 Almeria Ave #3<br>Coral Gables Flg. 33134 | ☑ Change ☐ Addition D |

CR2E037 (4/02)

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 Bobbie Brinegar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #