

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90088 015 ****61.25

DOCUMENT # N51072

1. Entity Name

HOLMWOD PAST STUDENT ASSOCIATION, SOUTH FLORIDA CHAPTER, INC.

Principal Place of Business

Mailing Address

**8003 SW 6TH ST
 N LAUDERDALE FL 33068
 US**

**P.O. BOX 100425
 FT. LAUDERDALE FL 33310
 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

65-0421944

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

**PINKNEY, YVONNE T
 17521 NE 1ST COURT
 N MIAMI BCH FL 33162**

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 Delete
 NAME **PD DALRIO, HAMLIN**
 STREET ADDRESS **8003 SW 6TH ST**
 CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD MORINE, THOMAS**
 STREET ADDRESS **3312 GARNET ROAD**
 CITY-ST-ZIP **MIRAMR FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S COORE, SONIA**
 STREET ADDRESS **2744 NW 47 LANE**
 CITY-ST-ZIP **LAUDERDALE LKS FL 33313**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SA CLARKE-DAVIS, DAWN**
 STREET ADDRESS **5932 NW 16 STREET**
 CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD SOLOMON, RONALD**
 STREET ADDRESS **9860 DUNHILL DRIVE**
 CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **AT BINNS, GEORGE**
 STREET ADDRESS **9751 SW 14 STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-02 954-984-9600

Date

Daytime Phone #

CR2E037 (9/01)