

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90011 035 ****61.25

DOCUMENT # N93000000629

1. Entity Name

PERRINE/CUTLER RIDGE COUNCIL, INC.

Principal Place of Business

Mailing Address

900 PERRINE AVE.
 MIAMI FL 33157
 US

900 PERRINE AVE.
 MIAMI FL 33157-5433
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0407832

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAUZHAN, KERRI L
900 PERRINE AVE.
PERRINE FL 33157

Name Carla B. Talarico
 Street Address (P.O. Box Number is Not Acceptable)
900 PERRINE AVE.

City PERRINE State FL Zip Code 33157

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

Carla B. Talarico Executive Director 2-02-00
 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C <input checked="" type="checkbox"/> Delete	TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUNDERSON, LEIF	NAME	<u>Tom David</u>
STREET ADDRESS	14095 S DIXIE HIGHWAY	STREET ADDRESS	<u>900 Perrine Ave</u>
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	<u>Perrine, FL 33157</u>
TITLE	CO-C <input checked="" type="checkbox"/> Delete	TITLE	CO-C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CADMAN, GEORGE I	NAME	<u>John Badder</u>
STREET ADDRESS	15757 S. DIXIE HWY.	STREET ADDRESS	<u>900 Perrine Ave.</u>
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	<u>Perrine, FL 33157</u>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, MARY	NAME	
STREET ADDRESS	18021 SW 91ST AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOTSON, ALBERT S	NAME	
STREET ADDRESS	17901 SW 78TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, WILBUR	NAME	
STREET ADDRESS	17452 SW 104TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, ED	NAME	
STREET ADDRESS	17623 HOMESTEAD AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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:

Carla B. Talarico Carla B. Talarico 02/02/00 (305) 378-5470
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)