

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90102 005 ****70.00

DOCUMENT # N96000006348

1. Entity Name

**COLLEGE AND UNIVERSITY PERSONNEL ASSOCIATION, FL
ORIDA CHAPTER, INC.**



Principal Place of Business

**FLORIDA INTERNATIONAL UNIVERSITY
VAL-BERRY HUMAN RESOURCES
MIAMI FL 33199
US**

Mailing Address

**FLORIDA INTERNATIONAL UNIVERSITY
VAL-BERRY HR UNIVERSITY PARK (PC 224)
MIAMI FL 33199
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 **59-3267263**

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

**BERRY, VAL M
UNIVERSITY PARK (PC 224)
MIAMI FL 33199**

Name **Denise Campbell**

Street Address (P.O. Box Number is Not Acceptable)

777 Glades Pk. / Dept. Personnel Svcs.

City **Boca Raton**

FL Zip Code **33431**

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

Denise Campbell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/30/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PP** ☒ Delete
NAME **POPOVICH, DONNA**
STREET ADDRESS **401 W KENNEDY BLVD**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **PP** ☒ Change ☐ Addition
NAME **Berry, Val m.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **BERRY, VAL M**
STREET ADDRESS **FL INT'L UNIV. UNIVERSITY PARK (PC 224)**
CITY-ST-ZIP **MIAMI FL 33199**

TITLE **P** ☒ Change ☐ Addition
NAME **Alorro, Serafin**
STREET ADDRESS **FL INT'L Univ. Univ. Park (PC 224)**
CITY-ST-ZIP **Miami, FL 33199**

TITLE **T** ☐ Delete
NAME **CAMPBELL, DENISE**
STREET ADDRESS **FL ATLANTIC UNIV, P O BOX 3091**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **VICKERS, CINDY**
STREET ADDRESS **FSU, 5637 UNIVERSITY CENTER**
CITY-ST-ZIP **TALLAHASSEE FL 32306**

TITLE **S** ☒ Change ☐ Addition
NAME **Ezell, Angel**
STREET ADDRESS **Univ. of North FL**
CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE **D** ☐ Delete
NAME **WILLITS, ROBERT**
STREET ADDRESS **8612 SW 2ND PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BALANOFF, JANET**
STREET ADDRESS **230 ADMIN BLDG, U OF CENTRAL FLORIDA**
CITY-ST-ZIP **ORLANDO FL 32816**

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: **Denise Campbell** **Denise Campbell** **1/31/03** **561** **297 2807**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)