

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000629

1. Entity Name

PERRINE/CUTLER RIDGE COUNCIL, INC.

FILED

Feb 20, 2000 8:00 am
Secretary of State

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

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

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

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

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	GUNDERSON, LEIF	
STREET ADDRESS	14095 S DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	CO-C	<input checked="" type="checkbox"/> Delete
NAME	CADMAN, GEORGE I	
STREET ADDRESS	15757 S. DIXIE HWY.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, MARY	
STREET ADDRESS	18021 SW 91ST AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOTSON, ALBERT S	
STREET ADDRESS	17901 SW 78TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BELL, WILBUR	
STREET ADDRESS	17452 SW 104TH AVE.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANNA, ED	
STREET ADDRESS	17623 HOMESTEAD AVE.	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom David	
STREET ADDRESS	900 Perrine Ave.	
CITY-ST-ZIP	Perrine, FL 33157	
TITLE	CO-C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Beader	
STREET ADDRESS	900 Perrine Ave.	
CITY-ST-ZIP	Perrine, FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Carla B. Talarico
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carla B. Talarico 02/03/00 378-5470
Date Daytime Phone #

CR2E037 (9/99)