

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712006

1. Entity Name

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF GREAT

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90043 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

351 N.W. 5TH STREET  
MIAMI FL 33128-1615  
US

351 N.W. 5TH STREET  
MIAMI FL 33128-1615  
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

59-0624450

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

MALONEY-SIMON, EILEEN  
351 N.W. 5TH STREET  
MIAMI FL 33128

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

*Eileen Maloney-Simon, ED.* *Eileen Maloney-Simon, ED.* *2-11-00*

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS ELLIS-MYERS, RUTH  
CITY-ST-ZIP 111 N.W. 1 ST., STE. 1110  
MIAMI FL

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

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS QUERALT, CONNIE  
CITY-ST-ZIP 7900 MIAMI LAKES DRIVE WEST  
MIAMI LAKES FL 33016

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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS GILMORE, KAREN  
CITY-ST-ZIP 3 GROVE ISLE DRIVE  
MIAMI FL 33133

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

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS SHAPIRO, BRENDA B.E.  
CITY-ST-ZIP 1861 SW 21 TERRACE  
MIAMI FL

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

TITLE ☐ Delete  
NAME ED  
STREET ADDRESS MALONEY-SIMON, EILEEN  
CITY-ST-ZIP 351 NW 5TH STREET  
MIAMI FL 33128

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Eileen Maloney-Simon, ED.* *Eileen Maloney-Simon, ED.* *2-11-00* 305-377-9922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #