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

DOCUMENT # 712218

1. Entity Name
University of Pennsylvania Alumni Association
of The Florida Gold Coast, Inc.



FILED

03 SEP -3 AM 8: 23

SECRETARY OF STATE TALLAHASSEE FLORIDA

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	DO NOT WRITE	IN THIS SPA	ACE	200 09/10/03	200022932882 09/10/0301066018 **192.50		
2. Mincipel Place of Business 3. Mailing Address 4740 S. Ocean Blud. 4740 S. Ocean			Blud.	REINSTATEMENT DI-03			
State, Apt. #, etc.  Apt. 1716  Suite, Apt. #, etc.  Apt. 1716					) NOT WRITE IN THIS 3P.	O. T. C.	
City & Sinde City & State			F	4. FEI Number	4. FEI Number Applied For Not Applied For		
200107		Country	y \$8.75 Additions		3.75 Additional		
3 3 4 2	87 J. U.S./F.	-33487	U.S.A	7. Name and Address	of Current Registered A	e Required gent	
	DO NOT W	DITE	Harry B. Meren				
			Street Address (P.O. Box Number is Not Acceptable)				
	IN THIS SP	ACE	4740	S. Ocean Bl	лд., Ар+. 141ц		
	named Inline submits this statement fo		trā l	hlænd Beach	<u>, FL</u>	33487	
SIGNATURE	Tignal of precise parties again.  FEE IS 61.25  Initial or Amended UBR	ed also a applicable assisted to a second of the second of	· parry	S5.00 May Be Added to Fees	Make Check P		
10.	OFFICERS AND DIR	ECTORS			real sections		
TOTLE NAME STREET AOURESS	President Michael J. Feuerman 18664 Ocean Mist Dy	۲۰	NAME STREET ADDRESS L	rice President Linda Meran 1740 S. Ocean Bl			
GITY-ST-ZIP TITLE	Boca Raton, FL 3	3448	TITLE - V	Highland Beach	<u> </u>		
NAME CIREET ADDRESS CHY-SY-716	Harry B. Mercen 4740 S. Ocean Blue.		NAME STREET ADDRESS City STEZIP	ynn Kay 3420 Windsor P	ace		
THE E	Highland Beach, FL3	3487	TITLE	Boca: Raton, FL	33478-		
HAME STREET ADDRESS	Dr. Michael Lewis 6932 Queen Ferry Cir.		NAME STREET ADDRESS	חר א	OT WRIT		
OFY-ST-ZIP THUE	Boca Ruton, FL 3349 Vice Provident	6	CITY ST-ZIP		······································		
NAME STREET AODRESS COTY+ST-ZIP	Dr. Morrie Weigman 13850 Via Tivoli Delray Beach, FL 3	3446	NAME STREET ADDRESS CITY ST-ZIP	IN TH	iis spaci		
TOTUE NAME			TITLE			,	
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12. Thereby calify that the information supplied with this filling 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 cath; that I am an officer or director of the cooperation 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ent\_

954.471-4320

University of Pennsylvania Alumni Association Of the Florida Gold Coast 4740 S. Ocean Blvd- Apt. 1416 Highland Beach, FL 33487 (561)-417-0058

August 28, 2003

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam:

I am writing regarding the reinstatement of the above-referenced Florida, not-for-profit corporation. It has just recently come to our attention that our corporation is no longer active in the State of Florida and we respectfully request that the Division of Corporations reinstate our corporation, and waive the reinstatement fee required for administratively dissolved corporations.

It appears that all Notices from your Division concerning annual fees and dissolution were sent to an incorrect address. They appear to have been sent to 2650 NW 46<sup>th</sup> Street, Boca Raton, FL 33434 and we had moved from that address several years ago to the above address. I have never received any Notices or Reports of fees due or Notices of any pending dissolution. It would be a tremendous financial hardship to our not-for-profit corporation to pay the reinstatement fee for administratively dissolved corporations.

Our completed current Uniform Business Report is attached, along with a check for \$192.50, for 3 years' of prior annual fees in the amount of \$183.75 and for a Certificate of Status in the amount of \$8.75. If you have any questions, please contact me at the address or telephone number shown above. Please use the above address as our correct address of record.

Thank you for your consideration of our request for reinstatement and waiver of the reinstatement fee.

larry B. Melan