

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 714341**

1. Entity Name

FLORIDA ATLANTIC UNIVERSITY ALUMNI ASSOCIATION,**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90129 034 ****61.25

Principal Place of Business	Mailing Address
FLORIDA ATLANTIC UNIV. 777 GLADES ROAD BOCA RATON FL 33431 US	FLORIDA ATLANTIC UNIV. 777 GLADES ROAD BOCA RATON FL 33431 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-0917284	Not Applicable
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
BREMAN, PATRICIA 777 GLADES RD FLORIDA ATLANTIC UNIVERSITY BOCA RATON FL 33431	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 _____ (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
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table><tr><td>TITLE</td><td>PD</td><td>☒ Delete</td></tr><tr><td>NAME</td><td>MERTZ, HARRY</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1 LAS OLAS CIRCLE APT. 613</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>FORT LAUDERDALE FL 33316</td><td></td></tr></table>	TITLE	PD	☒ Delete	NAME	MERTZ, HARRY		STREET ADDRESS	1 LAS OLAS CIRCLE APT. 613		CITY-ST-ZIP	FORT LAUDERDALE FL 33316		<table><tr><td>TITLE</td><td>PD</td><td>☒ Change ☐ Addition</td></tr><tr><td>NAME</td><td>Richard E. Lopez</td><td></td></tr><tr><td>STREET ADDRESS</td><td>34 S Lakeshore Dr.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Hypoluxo, FL 33462</td><td></td></tr></table>	TITLE	PD	☒ Change ☐ Addition	NAME	Richard E. Lopez		STREET ADDRESS	34 S Lakeshore Dr.		CITY-ST-ZIP	Hypoluxo, FL 33462	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)