2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State
04-18-2002 90424 010 ****61.25

DOCUMENT # 714341

1. Entity Name

FLORIDA ATLANTIC UNIVERSITY ALUMNI ASSOCIATION, INC.

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

91672

DO NOT WRITE IN THIS SPACE

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 59-0917284 ☐ 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
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOPEZ, RICHARD E 34 S LAKESHORE DR. HYPOLUXO FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Scannell, John 1301 NW 6th Street Boca Raton, FL 33486	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCANNELL, JOHN 1301 NW 6TH STREET BOCA RATON FL 33486	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Grossman, Armand 16100 Kingsmoor Way Miami Lakes, FL 33014	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GROSSMAN, ARMAND 16100 KINGSMOOR WAY MIAMI LAKES FL 33014	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Clarke, Sean 4824 N State Road 7 Apt. 202 Coconut Creek, FL 33073	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD AUSTER, DARREN 9373 FOX TROT LANE BOCA RATON FL 33498	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Miller, Michael 5011 Polaris Cove Greenacres, FL 33463	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MULVEHILL, SUZANNE 377 SW 29TH AVENUE DELRAY BEACH FL 33445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Kay, Carole 1002 Island Manor Drive West Palm Beach,,FL 33414	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Patricia P. Breman Patricia P. Breman 4/3/02 (561) 297-2190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John R Scannell 5/23/02