

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90124 031 *****61.25

DOCUMENT # 714341

1. Entity Name

FLORIDA ATLANTIC UNIVERSITY ALUMNI ASSOCIATION, INC.



Principal Place of Business

**FLORIDA ATLANTIC UNIV.
777 GLADES ROAD
BOCA RATON FL 33431
US**

Mailing Address

**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

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patricia P. Breman

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	☒ Delete
NAME	CLARKE, SEAN	
STREET ADDRESS	4824 N STATE RD 7 APT 202	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	PD	☒ Delete
NAME	SCANNELL, JOHN	
STREET ADDRESS	1301 NW 6TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VD	☒ Delete
NAME	GROSSMAN, ARMAND	
STREET ADDRESS	16100 KINGSMOOR WAY	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	TD	☒ Delete
NAME	MILLER, MICHAEL	
STREET ADDRESS	5011 POLARIS COVE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	SD	☒ Delete
NAME	KAY, CAROLE	
STREET ADDRESS	1002 ISLAND MANOR DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	☒ Change ☐ Addition
NAME	Clarke, Sean	
STREET ADDRESS	3817 Turtle Run Blvd Apt 2722	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	VD	☐ Change ☒ Addition
NAME	Workman, Thomas	
STREET ADDRESS	2870 NW 23rd Court	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	PD	☒ Change ☐ Addition
NAME	Grossman, Armand	
STREET ADDRESS	2100 Spanish River Road	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	TD	☐ Change ☒ Addition
NAME	Váldivieso, Roland	
STREET ADDRESS	1460 The Pointe Drive	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	SD	☐ Change ☒ Addition
NAME	Hansen, Naomi	
STREET ADDRESS	6109 NW 53rd Circle	
CITY-ST-ZIP	Coral Springs, FL 33067	
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:

Patricia P. Breman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)