

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90096 043 ****70.00

DOCUMENT # 717381

1. Entity Name

MORNINGSIDE CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

527 NE 56TH STREET
 MIAMI FL 33137-2622

527 NE 56TH STREET
 MIAMI FL 33137-2622

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0134085

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBERTSON, NEIL P
25 SE SECOND AVE.
600 INGERHAM BLDG.
MIAMI FL 33131

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

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	PD	<input type="checkbox"/> Delete
NAME	HOPPER, W E	
STREET ADDRESS	527 NE 56TH ST	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MEADOWS, G	
STREET ADDRESS	5731 NE 6TH AVE	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	S	<input type="checkbox"/> Delete
NAME	CACE, J	
STREET ADDRESS	527 NE 57TH ST.	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	T	<input type="checkbox"/> Delete
NAME	MULLALLY, P H	
STREET ADDRESS	479 NE 56TH ST	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input type="checkbox"/> Delete
NAME	HLAS, T	
STREET ADDRESS	500 NE 50TH TERR	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCOY, PATRICK	
STREET ADDRESS	679 NW 58TH ST.	
CITY-ST-ZIP	MIAMI FL 33137	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prelaz, Ed	
STREET ADDRESS	545 NE 55th Street	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Foehrenbach, Marh	
STREET ADDRESS	655 NE 55th Terrace	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meadows, Gail	
STREET ADDRESS	5731 NE 6th Avenue	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cacace, Janice	
STREET ADDRESS	527 NE 57th Street	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hopper, William E.	
STREET ADDRESS	527 NE 56th Street	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hlas, Tom	
STREET ADDRESS	500 NE 50th Terrace	
CITY-ST-ZIP	Miami, FL 33137	

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:

William E. Hopper
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William E. Hopper

3/1/2000

305-626-3701

Date

Daytime Phone #

CR2E037 (9/99)