# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 15, 2000 08:00 AM**
**Secretary of State**

DOCUMENT # 717498

1. Entity Name
UNIVERSITY OF SOUTH FLORIDA ALUMNI ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4202 E. FOWLER AVE.<br>ALC 000<br>TAMPA FL<br>33620 US | 4202 E. FOWLER AVE.<br>ACL 000<br>TAMPA FL<br>33620 |

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 23-7357236 ☐ 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 |
|---|---|
| SEGREST, NOREEN<br>4202 E. FOWLER AVE<br>ADM-250<br>TAMPA FL<br>33620 US | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ 02/15/2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | | | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | |
| D<br>LEWIS LISA<br>28355 OPENFIELD LOOP<br>WESLEY CHAPEL FL 33543 | ☐ Delete | | D<br>LEWIS LISA<br>606 HERCHEL DR.<br>TEMPLE TERRACE FL 33617 | ☒ Change | ☐ Addition |
| D<br>GROSS RAYMOND<br>2222 BELCHERY CT. DR.<br>CLEARWATER FL 33764 | ☐ Delete | | | ☐ Change | ☐ Addition |
| D<br>HARPER JOHN<br>34902 GREENSTEELE RD.<br>DADE CITY FL 33525 | ☐ Delete | | | ☐ Change | ☐ Addition |
| ST<br>UNDERHILL KELLY<br>1628 CALDWELL ST.<br>LAKELAND FL 33803 | ☐ Delete | | | ☐ Change | ☐ Addition |
| D<br>ALVAREZ F. DENNIS<br>419 PIERCE ST., ROOM 214-F<br>TAMPA FL | ☒ Delete | | | ☐ Change | ☐ Addition |
| D<br>FOX LIANA<br>6402 E 112TH AVE<br>TEMPLE TERRACE FL | ☐ Delete | | D<br>BORRECA JOHN<br>5901 HAMMOCK WOODS DR.<br>ODESSA FL 33556 | ☒ Change | ☐ Addition |

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.