

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717498

1. Entity Name

UNIVERSITY OF SOUTH FLORIDA ALUMNI ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4202 E. FOWLER AVE.
ALC 000
TAMPA FL 33620
US

4202 E. FOWLER AVE.
ACL 000
TAMPA FL 33620

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
4202 E. FOWLER AVE
ADM-250
TAMPA FL 33620

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BORRECA, JOHN
5901 HAMMOCK WOODS DR.—
ODESSA FL 33556 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Borreca, John
5405 Sunflare Way
Lutz, FL 33558 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FORNS, JOSE
4212 SALTWATER BLVD
TAMPA FL 33615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARPER, JOHN
34902 GREENSTEELE RD.
DADE CITY FL 33525 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Simmons, Linda
14025 Riveredge Dr. Ste. #550
Tampa, FL 33637 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GROSS, RAYMOND
2222 BELCHERY CT. DR. —
CLEARWATER FL 33764 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Gross, Raymond
14820 Rue de Bayonne
Clearwater, FL 33762 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEWIS, LISA
606 HERCHEL DR.
TEMPLE TERRACE FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WATKINS, JAMES
8808 CROSSING LANDING
RIVERVIEW FL 33569 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
McGill, Jim
3424 Woodely Rd.
Tallahassee, FL 32312 ☐ 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.

SIGNATURE:

SIGNATURE REQUIRED

Lisa Lewis

1-15-02

813-974-4380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)