

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747073

1. Entity Name

NOVA SOUTHEASTERN UNIVERSITY LAW ALUMNI ASSOCIAT

Principal Place of Business

3305 COLLEGE AVENUE
FT. LAUDERDALE FL 33314

Mailing Address

3305 COLLEGE AVENUE
FT. LAUDERDALE FL 33314-7721

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

NOT APPLICABLE

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

WELCH, ELIZABETH A
3305 COLLEGE AVENUE
FT. LAUDERDALE FL 33314

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 checked="" type="checkbox"/> Delete
NAME	MOYLE, BERNARD T	
STREET ADDRESS	ONE FINANCIAL PLAZA	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FINIZIO-BASCOMBE, JAMIE	
STREET ADDRESS	200 S.E. 9TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, DIANE	
STREET ADDRESS	2455 SUNRISE BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PINKIERT, ROBERT	
STREET ADDRESS	4601 SHERIDAN STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GERSON, STEVE M	
STREET ADDRESS	1826 N. PINE ISLAND ROAD	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perry, Dianne	
STREET ADDRESS	3455 E. Sunrise Blvd. 1st. 905	
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Finizio-Bascombe, Jamie	
STREET ADDRESS	200 SE 9th St.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
TITLE	Vines, Robyn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3440 Hollywood Blvd. ; Fl. 2	
STREET ADDRESS	Hollywood, FL 33021	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robinson, Marlo Poyell	
STREET ADDRESS	10930 Taft street	
CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerson, Steve M.	
STREET ADDRESS	300 NW 52nd Ave; ste. 110	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)