FILED _2001 UNIFORM BUSINESS REPORT (UBR) Apr 13, 2001 8:00 am Secretary of State **DOCUMENT # 747073** 1. Entity Name 04-13-2001 90025 012 ****61.25 NOVA SOUTHEASTERN UNIVERSITY LAW ALUMNI ASSOCIAT Principal Place of Business Mailing Address 3305 COLLÈGE AVENUE 3305 COLLEGE AVENUE FT. LAUDERDALE FL 33314 FT. LAUDERDALE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) WELCH, ELIZABETH A 3305 COLLEGE AVENUE FT. LAUDERDALE FL 33314 Zip Code FI. 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees **Department of State FEE IS \$61,25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ☐ Addition PD ☐ Change Delete TITLE

10. TITLE PERRY, DIANNE NAME NAME STREET ADDRESS STREET ADDRESS 2455 E SUNRISE BV ST 905 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 Addition ☐ Delete TITLE ☐ Change TITLE FINIZIO BASCOMBE, JAMIE NAME STREET ADDRESS STREET ADDRESS 200 SE 9 ST CITY-ST-ZIP FORT LAUDERDALE FL 33316 ČITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE VINES, ROBYN NAME NAME 3440 HOLLYWOOD BV FL 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE Change ROBINSON, MARLO P NAME NAME STREET ADDRESS 10930 TAFF ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Change ☐ Addition TITLE Delete TITLE GERSON. STEVE M NAME NAME STREET ADDRESS 300 NW 82 AV STE 110 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33322 CITY-ST-ZIP TITLE ☐ Addition Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:





P.O. NO.

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VENDOR NAME/ADDRESS

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Division of Corporations

Uniform Business Report Filings

P.O. Box 1500

Tallahassee, FL 32302-1500

DATE __ 3/28/01

THIS NUMBER MUST APPEAR ON INVOICES, B/Ls, SHIPPING MEMOS, AND ALL PACKAGES.

SHIPPING/INVOICE ADDRESS: NOVA SOUTHEASTERN UNIVERSITY

Name:

Paula A. Habib

Bldg/Rm:

Shepard Broad Law Center

Street:

3305 College Avenue

City/State/ZIP:

Ft. Lauderdale, FL 33314

Phone:

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Quan.	Description	Unit Price	- Price Ext.	Index/Org. or Fund	Account
	CONFIRMING ORDER NO DO NOT DUPLICATE				
	LAA Uniform Business Report Filing	}	61.25		
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ه هد است	PREPAY - 4/3/01 Please send check to Eleanore Jones The check must be sent with other documents.			<u> </u>	
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'01 h	480:00 = m = \(\frac{1}{2}\text{VM} \tau \tau \frac{1}{2}\text{O} \tau \tau \tau \tau	AL PRICE	\$61.25	996057	3713

I hereby certify that there are funds budgeted for the above expenditures.

Eleanore Jones Requisitioner 3/28/01 Date **PURPOSE OR USE**

Alumni - Lisa Welen

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APPROVED