

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91292 009 ****61.25

DOCUMENT # 748925

1. Entity Name

SOROPTIMIST INTERNATIONAL OF CORAL GABLES, INCORPORATED

Principal Place of Business

Mailing Address

6231 SW 116 PL
 UNIT E
 MIAMI FL 33173

6231 SW 116 PL
 UNIT E
 MIAMI FL 33173

434243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

718 University Dr
 Suite, Apt. #, etc.

3. Mailing Address

718 University Dr
 Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

59-6132499

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

GAILEY, JANE G
6231 SW 116TH PLACE UNIT E
MIAMI FL 33173

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	D	<input checked="" type="checkbox"/> Delete
NAME	NORD, PATRICIA	
STREET ADDRESS	439 MINORCA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAURIE RASEY	
STREET ADDRESS	4100 WOODRIDGE ROAD	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	T	<input type="checkbox"/> Delete
NAME	GAILEY, JANE	
STREET ADDRESS	6231 SW 116 PLACE, UNIT E	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLAR, SHIRLEY	
STREET ADDRESS	4178 EL PRADO BLVD	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BEVERLY F ROOT	
STREET ADDRESS	11611 SW 104 COURT	
CITY-ST-ZIP	MIAMI FL 33176-4003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quick, Rose	
STREET ADDRESS	600 Biltmore Way #401	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Root, Charlotte	
STREET ADDRESS	5859 SW 27 St	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Root, Beverly	
STREET ADDRESS	11611 SW 104 CT	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nord, Patricia	
STREET ADDRESS	439 Minorca Ave	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Carolyn	
STREET ADDRESS	5607 Riviera Dr	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rogers, Suzanne	
STREET ADDRESS	718 University Dr	
CITY-ST-ZIP	Coral Gables, FL 33134	

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:

Jane Miller
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printing Name

CR2E037 (9/01)