

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 748925

FILED
May 31, 2003
Secretary of State

Entity Name: SOROPTIMIST INTERNATIONAL OF CORAL GABLES, INCORPORATED

Current Principal Place of Business:

218 UNIVERSITY DR
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

218 UNIVERSITY DR
MIAMI, FL 33134

New Mailing Address:

FEI Number: 59-6132499 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NORD, PATRICIA
Address: 439 MINORCA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: LAURIE RASEY,
Address: 4100 WOODRIDGE ROAD
City-St-Zip: COCONUT GROVE, FL 33133

Title: T () Delete
Name: GAILEY, JANE
Address: 6231 SW 116 PLACE, UNIT E
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: MILLAR, SHIRLEY
Address: 4178 EL PRADO BLVD
City-St-Zip: COCONUT GROVE, FL

Title: P () Delete
Name: BEVERLY F ROOT,
Address: 11611 SW 104 COURT
City-St-Zip: MIAMI, FL 331764003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY ROOT

PT

05/31/2003

Electronic Signature of Signing Officer or Director

_____ Date