2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 08, 2000 8:00 am
Secretary of State
04-13-2000 90012 038 ****61.25

DOCUMENT # 753859

1. Entity Name

MIAMI SPRINGS-HIALEAH CIVITAN, INTERNATIONAL, IN

Principal Place of Business	Mailing Address
239 PINECREST DR MIAMI SPRINGS FL 33166 US	239 PINECREST DR MIAMI SPRINGS FL 33166-5864 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 661227 Suite, Apt. #, etc.
City & State	City & State Miami Springs, FL
Zip / Country	Zip 33266-1227 / Country USA

4. FEI Number 59-6198593 ☐ 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
WILBUR, WILLIAM S 630 NIGHTINGALE AVE. MIAMI SPRINGS FL 33166	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 IANNACI, JOSEPH 990 WEST WARD DR MIAMI SPRINGS FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT VP Angela Livesay 472 DeSoto Drive Miami Springs, FL 33166	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LANNOM, PATRICIA 530 ORIOLE AVE MIAMI SPRINGS FL 33166	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary S Judy Morris 338 Payne Dr. Miami Springs, FL 33166	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANN, JAMES 709 CURTISS PKWY #32 MIAMI SPRINGS FL 33166	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer T Geoffrey Liveray 472 DeSoto Dr. Miami Springs, FL 33166	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE MORRIS, THOMAS 338 PAYNE DR. MIAMI SPRINGS FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Helen Glogger Director 1175 181 Ave. Miami Springs, FL 33166	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAZZA, SYLVIA 760 FALCON AVE MIAMI SPRINGS FL 33166	☑ Delete leave	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Helen Malone Director 720 SE 6 Place Hialeah, FL 33010	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ENGELMANN, ERIC 239 PINECREST DR MIAMI SPRINGS FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 3/16/00 305-975-3683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #