

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 13, 2001 8:00 am
Secretary of State

02-07-2001 90153 019 ****61.25

DOCUMENT # N00000006551

1. Entity Name

FLORIDA ALUMNI ASSOCIATION OF THE THOMAS M. COOL

Principal Place of Business

**2180 MAIN STREET
SARASOTA FL 34237**

Mailing Address

**2180 MAIN STREET
SARASOTA FL 34237**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

applied for

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REDDIN, MICHELLE A
2180 MAIN STREET
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name

DAVID K. OAKS

Street Address (P.O. Box Number is Not Acceptable)

407 East Marion Avenue, Suite 101

City **Punta Gorda**

FL

Zip Code
33950

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

TITLE **DP** ☐ Delete
NAME **REDDIN, MICHELLE A**
STREET ADDRESS **2180 MAIN STREET**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **DV** ☐ Delete
NAME **OAKS, DAVID K**
STREET ADDRESS **407 EAST MARION AVE STE 101**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **DS** ☐ Delete
NAME **FROMMER, PETER J**
STREET ADDRESS **701 BRICKELL AVE STE 1900**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **DT** ☐ Delete
NAME **DEVORE, SCOTT D**
STREET ADDRESS **1555 PALM BEACH LAKES BLVD STE 1501**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 (10/00)