

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 22, 2001 8:00 am**  
**Secretary of State**

08-22-2001 90001 021 \*\*\*\*61.25

**DOCUMENT # N00000007224**

1. Entity Name

**SHAW UNIVERSITY FLORIDA ALUMNI - REGION ONE, INC**

Principal Place of Business

Mailing Address

~~5601 NW 174TH DR.~~  
**MIAMI FL 33055-3539**

~~5601 NW 174TH DR.~~  
**MIAMI FL 33055-3539**

**RUU0233U**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**5610 NW 174 DR**

**5610 NW 174 DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**None**

**None**

City & State

City & State

**miami FL**

**miami FL**

4. FEI Number

Applied For

**65-1033397**

Not Applicable

Zip

Country

Zip

Country

**33055**

**USA**

**33055**

**USA**

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

**SAMMS, EVA DOLORES**  
**5601 NW 174TH DR.**  
**MIAMI FL 33055-3539**

**5610**

Name

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

**5610 NW 174 Drive**

**N/A**

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**  
**After September 12, 2001, min. will be \$236.25**

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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **SAMMS, EVA DOLORES**  
 CITY-ST-ZIP **5610 NW 174TH DR.**  
**MIAMI FL 33055-3539**

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

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **TUCKER, ELIZABETH**  
 CITY-ST-ZIP **2860 NW 185TH ST.**  
**MIAMI FL 33055**

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

TITLE ☐ Delete  
 NAME **TD**  
 STREET ADDRESS **MIMS, NORMA**  
 CITY-ST-ZIP **3010 NW 165TH ST.**  
**MIAMI FL 33054**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **MCKOY, S. FRANK**  
 CITY-ST-ZIP **2350 NE 173RD ST., #315**  
**N. MIAMI BCH FL 33160**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **HUNT, BETTY**  
 CITY-ST-ZIP **2101 NW 187TH TERR.**  
**MIAMI FL 33056**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **FINLAY, VINCENT R**  
 CITY-ST-ZIP **1140 NE 163RD ST., #5**  
**N. MIAMI BCH FL 33162**

TITLE ☐ Change ☐ Addition  
 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:** *Eva Dolores Samms* **8/14/01 (305) 625-7934**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)