

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90538 035 ****61.25

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1. Entity Name
SHAW UNIVERSITY FLORIDA ALUMNI - REGION ONE, INC



Principal Place of Business

**5610 NW 174 DRIVE
MIAMI FL 33055
US**

Mailing Address

**5610 NW 174 DRIVE
MIAMI FL 33055
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1033397

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

**SAMMS, EVA DOLORES
5610 NW 174TH DR.
MIAMI FL 33055-3539**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **FINLAY, VINCENT R**
STREET ADDRESS **1140 NE 163RD ST., #5**
CITY-ST-ZIP **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* **Eva Dolores Samms** **(305) 625-7934** **April 16, 2003**

CR2E037 (10/02)