2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000007442

MORNINGSIDE HISTORIC EDUCATION SOCIETY, INC.

FILED Jan 22, 2001 8:00 am Secretary of State 01-22-2001 90034 045 ****61.25

				· ·	22 2001 9003 10 15	01.20		
Principal Place of Business Mailing Address								
679 NE 58TH STREET MIAMI FL 33137		679 NE 58TH STREET MIAMI FL 33137			A 0 0 0 7 5 5 5			
					3 11 33 11	ili ba isi i sə ii ala ii f		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numbe 65- /o:		<u> </u>	oplied For ot Applicable	}
Zip	Country	Zip Country		5. Certificate of	Certificate of Status Desired S8.75 Additional Fee Required]
	6. Name and Address of Current F	legistered Agent		7. Name and	Address of New Registere			1-
			Name	<u> </u>				1
DINER, JESSE H ESQ ATKINSON DINER STONE ET AL.			Street	Street Address (P.O. Box Number is Not Acceptable)				
	ER STREET							
	OOD FL 33020	City				Zip Code	e	
8. The above	named entity submits this statement for	the purpose of changing its	registered office of	or registered agent, or both	, in the state of Florida.			
	•							
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signs	ature required when reinstating)	DAT			
	FILE NOW: FEE IS \$61.25	9. Election Campaigr Trust Fund Contrib		\$5.00 May Be Added to Fees	00 May Be ed to Fees Make Check Payable to Department of State			
10,	OFFICERS AND DIR	LECTORS	11.	ADDITIONS/CHA	NGES TO OFFICERS AND	DIRECTORS IN	110	┧
TITLE		□ Delete	TITLE	PD		☐ Change	Addition	18
NAME			NAME	PATRICK McCOY	CD 2 C			Ę
STREET ADDRESS			STREET ADDRESS	679 N.E. 58 5				CR2E037 (10/00)
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33	3137			۱ ۱
TITLE NAME		☐ Delete	TITLE NAME	VP/D GAIL MEADOW:	4	☐ Change	Addition	C
STREET ADDRESS	<u> </u>		STREET ADDRESS	5731 N.E. 6 AT	íe.			
CITY-ST-ZIP	the region of the second second	يحيد الما المراك	CITY-ST-ZIP	MIAMI, FL 33				ł
TITLE		☐ Delete	TITLE	5/0		☐ Change	Addition	1
NAME	ı		NAME	JESSE H. DINE			•	
STREET ADDRESS			STREET ADDRESS	644 N.E. 57				
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 3	3137			-
TITLE NAME		☐ De lete	TITLE NAME	TID RABE	OTSAN	Change	Addition Addition	1
STREET ADDRESS			STREET ADDRESS	ALYCE ROBE	OURT			İ
CITY-ST-ZIP			CITY-ST-ZIP	MIAMIFL 3				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	1
NAME	,		NAME					
STREET ADDRESS			STREET ADDRESS					1
CITY-ST-ZIP			CITY-ST-ZIP					-
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	1				1
CITY-ST-ZIP			CITY-ST-ZIP					
40 11	certify that the information supplied with t	hi- fili da		1	Flacida Ostada I & alam			1

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:

4 an 2001 705 758.6371