

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90074 046 \*\*\*\*61.25

**DOCUMENT # N00000007442**



1. Entity Name  
**MORNINGSIDE HISTORIC EDUCATION SOCIETY, INC.**

Principal Place of Business  
**679 NE 58TH STREET  
MIAMI FL 33137**

Mailing Address  
**679 NE 58TH STREET  
MIAMI FL 33137**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number **65-1053273**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DINER, JESSE H ESO  
ATKINSON DINER STONE ET AL.  
1946 TYLER STREET  
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCOY, PATRICK	
STREET ADDRESS	679 NE 58 ST	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MEADOWS, GAIL	
STREET ADDRESS	5731 NE 6 AVE	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DINER, JESSE H	
STREET ADDRESS	644 NE 57 ST	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBERTSON, ALYCE	
STREET ADDRESS	5991 NE 6 CT	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jesse H. Diner* 1/18/03 954-925-5501  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)