

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90369 007 ****61.25

DOCUMENT # N00000008547

1. Entity Name
TITCHFIELD ALUMNI ASSOCIATION, INC.

Principal Place of Business
2606 NW 47TH TERR.
LAUDERDALE LAKES FL 33313

Mailing Address
2606 NW 47TH TERR.
LAUDERDALE LAKES FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

MARCH, EDITH D
2606 NW 47TH TERR.
LAUDERDALE LAKES FL 33313

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **MARCH, EDITH**
 STREET ADDRESS **2606 NW 47TH TERR.**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33313**

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

TITLE **VD** ☐ Delete
 NAME **BERBICK, CHARLES**
 STREET ADDRESS **2241 S. SHERMAN CIRCLE, #C-501**
 CITY-ST-ZIP **MIRAMAR FL 33025**

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

TITLE **SD** ☐ Delete
 NAME **MOO, JACKIE**
 STREET ADDRESS **11955 SW 66TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE **ASD** ☐ Delete
 NAME **RHODD, HYACINTH**
 STREET ADDRESS **9750 SW 218TH ST.**
 CITY-ST-ZIP **MIAMI FL 33190**

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

TITLE **TD** ☐ Delete
 NAME **HOLNESS, PERCIVAL**
 STREET ADDRESS **8801 SW 9TH CT.**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **SIGNATURE REQUIRED**

(954) 765-6375

CR2E037 (10/00)