

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

FILED
Sep 10, 2003 8:00 am
Secretary of State

0007241

DOCUMENT # N01000003519

1. Entity Name

THE INVERSAL MARCUS INSTITRUTH, INC.



Principal Place of Business

**2864 NW 9 COURT
FT LAUDERDALE FL 33311**

Mailing Address

**P O BOX 15643
MIAMI FL 33101-5643**

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 **65-1127909**

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

**RICKETTS, DONALD
2864 NW 9 COURT
FT LAUDERDALE FL 33311**

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

N/A

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 10, 2003, min will be \$236.25**

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	D	<input type="checkbox"/> Delete
NAME	RICKETTS, DONALD	
STREET ADDRESS	2864 NW 9 COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, LESLIE	
STREET ADDRESS	17204 NW 49 PLACE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEESE, ALTINE K	
STREET ADDRESS	6308 NW 19 AVE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICKETTS, MARC	
STREET ADDRESS	2864 NW 9 COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONOVAN, DEBORAH	
STREET ADDRESS	7990 NW 96 TERRACE, #208	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALUK, ROCKA	
STREET ADDRESS	11371 SW 176 STREET	
CITY-ST-ZIP	MIAMI FL 33157	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCIA D. GUMBS	
STREET ADDRESS	11100 SW 197 ST. BLDG 6-310	
CITY-ST-ZIP	MIAMI FL 33157	
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)(l), 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:

DONALD RICKETTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/8/03 786-663-3000

CR2E037 (4/03)