

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

**FILED**

02 NOV 22 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 101000006256

1. Entity Name

MUNRO HAMPTON ALUMNI, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 551827

Suite, Apt. #, etc.

P.O. Box 551827

City & State

FORT LAUDERDALE

City & State

FORT LAUDERDALE

Zip

33355

Country

Broward

Zip

33355

Country

Broward

4. FEI Number

65-1139147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

L. ASHLEY COKE

Street Address (P.O. Box Number is Not Acceptable)

13926 S. CYPRESS COVE CIRCLE

City

DAVIE

FL

Zip Code

33325

**DO NOT WRITE  
IN THIS SPACE**

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

L. ASHLEY COKE, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/21/2002

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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

TITLE	<u>PR/D</u>
NAME	<u>L. ASHLEY COKE</u>
STREET ADDRESS	<u>13926 S. Cypress Cove Circle</u>
CITY-ST-ZIP	<u>DAVIE, FL 33325</u>
TITLE	<u>TR/D</u>
NAME	<u>ROBERT MARSHALL</u>
STREET ADDRESS	<u>3338 NW 22nd STREET</u>
CITY-ST-ZIP	<u>Lauderdale Lakes, FL 33311</u>
TITLE	<u>VP/D</u>
NAME	<u>ROBERT BRAD</u>
STREET ADDRESS	<u>11419 Clear Creek Pl</u>
CITY-ST-ZIP	<u>Boca Raton, FL 33428</u>
TITLE	<u>SE/D</u>
NAME	<u>NADINE GRANT</u>
STREET ADDRESS	<u>P.O. Box 442152</u>
CITY-ST-ZIP	<u>Fort Lauderdale, FL 33349</u>
TITLE	<u>Director</u>
NAME	<u>OLIVER STEPHENSON</u>
STREET ADDRESS	<u>3880 Woodside Dr, Apt A</u>
CITY-ST-ZIP	<u>Coral Springs, FL 33065</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<u>10/29/02 01151 021 \$175.00</u>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<u>11/14/02 01033 001 \$61.25</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

L. ASHLEY COKE, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/21/2002 954 845 2450

CR2E037B (12/01)