

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26174

1. Entity Name

THE MICO ALUMNI ASSOCIATION OF SO. FLA. INC.

Principal Place of Business

P O BOX 17855
PLANTATION FL 33318

Mailing Address

P O BOX 17855
PLANTATION FL 33318-7855

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

65-0139620

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

FRANCIS, RAYMOND
1311 SW 98 AVE
PEMBROKE PINES FL 33025

Name Shirley Lindsay
Street Address (P.O. Box Number is Not Acceptable)
10699 S.W. 20th Ct.
City Miramar FL Zip Code 33025

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BOOTH, ERNEST 1300 ST CHARLES PL #720 PEMBROKE PINES FL 33026	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, EILEEN 9548 NW 53RD ST SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONAS, CORAL 4581 NW 43RD CT LAUDERDALE LAKES FL 33319	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOBBAN, RUBY 7321 NW 35 ST LAUDERHILL FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD FRANCIS, RAYMOND 1311 SW 98 AVE PEMBROKE PINES FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD COWARD, MONICA 11112 NW 38 PL SUNRISE FL 33351	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President DAVIS, EILEEN 9548 N.W. 53rd St. Sunrise Fl. 33351	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Lobban, Ruby 7321 N.W. 35 St. Lauderhill Fl. 33319	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kennedy, Jean 7916 Coral Blvd. Miramar Fl. 33028	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Lindsay, Shirley 10699 S.W. 20th Ct. Miramar Fl. 33025	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD Francis, Raymond 1311 S.W. 98 Ave. Pembroke Pines Fl. 33025	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD Coward, Monica 11112 N.W. 38 Pl Sunrise Fl. 33351	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90117 025 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)