

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

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90143 019 \*\*\*\*61.25

0033213

**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**

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

**LINDSAY, SHIRLEY  
10699 SW 20TH COURT  
MIRAMAR FL 33025**

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: Shirley M. Lindsay 4-6-03  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOBBAN, RUBY	
STREET ADDRESS	7321 NW 35 ST	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEN, STAN	
STREET ADDRESS	322 NW 20TH CT 187 St.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LINDSAY, SHIRLEY	
STREET ADDRESS	10699 SW 33169 20th Ct.	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	WILLIAMS, CLIFFRIN	
STREET ADDRESS	4571 NW 90TH CT	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KENNEDY, NORMA	
STREET ADDRESS	7916 CORAL BLVD	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	CAMPBELL, SANDRA	
STREET ADDRESS	4501 NW 70TH AVE	
CITY-ST-ZIP	LAUDERHILL FL 33319	

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
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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: Shirley M. Lindsay 4-6-03 (954) 985-3362

CR2E037 (10/02)