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May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra R. Morthorn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32163 (0)

1. Corporation Name

MUNISPORT DUMP COALITION, INC.

Principal Place of Business

Mailing Address

% MAUREEN B. HARWITZ
2390 BAYVIEW LANE
N. MIAMI FL 33181

% MAUREEN B. HARWITZ
2390 BAYVIEW LANE
N. MIAMI FL 33181-2432



3. Date Incorporated or Qualified
05/08/1989

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0119510

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARWITZ, MAUREEN B.
2390 BAYVIEW LANE
N. MIAMI FL 33181

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME TYSON, ROBERT A.
STREET ADDRESS 13674 NE 20TH AVE
CITY-ST-ZIP N. MIAMI BEACH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PICHETTE, PIERRE
STREET ADDRESS 2460 NE 136 TERR.
CITY-ST-ZIP N. MIAMI BEACH FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME PICHETTE, PIERRE
2.3 STREET ADDRESS RE #1, BOX 600 E
2.4 CITY-ST-ZIP HIGH SPRINGS, FL 32643 (N/A)

TITLE D ☐ DELETE
NAME BARNES-KELLY, BONNIE
STREET ADDRESS 12417 NE 7 AVENUE
CITY-ST-ZIP GAINESVILLE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D ADRIAN CAIDIN
4.3 STREET ADDRESS P.O. BOX 630633
4.4 CITY-ST-ZIP MIAMI, FL 33163 (N/A)

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

ROBERT A. TYSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97 (305) 854-8428
Date Daytime Phone 0033538

CR2E037 (9/96)