

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90174 036 ****61.25

0035121

DOCUMENT # N32163

1. Corporation Name

MUNISPORT DUMP COALITION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/08/1989

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

TITLE D ☐ DELETE
NAME PICHETTE, PIERRE
STREET ADDRESS RT 1 BOX 600 E N/A
CITY-ST-ZIP HIGH SPRINGS FL

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

TITLE D ☐ DELETE
NAME CAIDIN, ADRIAN
STREET ADDRESS P O BOX 630633 N/A
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME CAIDIN, ADRIENNE
4.3 STREET ADDRESS P.O. Box 630633
4.4 CITY-ST-ZIP MIAMI FL 33163

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME ELLEN ABRAMSON
5.3 STREET ADDRESS 2345 MAGNOLIA DRIVE
5.4 CITY-ST-ZIP N. MIAMI FL 33181

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

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAIDIN, ADRIENNE

4/29/99

Date

Daytime Phone #

CR2E037 (11/98)