

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

0043703

**DOCUMENT # N34546**

1. Entity Name

**ST. ANDREW HIGH SCHOOL OLD GIRLS ASSOCIATION FLO**

05-02-2001 90014 028 \*\*\*\*61.25

Principal Place of Business 15120 S.W. 87TH AVENUE MIAMI FL 33176 US	Mailing Address 15120 S.W. 87TH AVENUE MIAMI FL 33176 US
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DO NOT WRITE IN THIS SPACE

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 <b>65-0106976</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PARKE, PATRICIA**  
**11921 N W 20TH ST.**  
**PEMBROKE PINES FL 33026**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 PD CRAWFORD, DANA STREET ADDRESS 13253 SW 114 TERR CITY-ST-ZIP MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME TD RAYMOND, MARY A STREET ADDRESS 16879 SW 1ST MANOR CITY-ST-ZIP PEBROKE PINES FL 33027	<input type="checkbox"/> Delete
TITLE NAME D WALLEN, SHARON STREET ADDRESS 447 NE 195 ST #120 CITY-ST-ZIP N MIAMI BEACH FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME D GRAHAM, MARGUERITE STREET ADDRESS 15120 SW 87TH AVE CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME VD AARONS, ANDREA STREET ADDRESS 11136 SW 134 PLACE CITY-ST-ZIP MIAMI FL 33186	<input checked="" type="checkbox"/> Delete
TITLE NAME SD BROWN, CHRISTINE B STREET ADDRESS 5334 NW 57 TERR CITY-ST-ZIP CORAL SPRINGS FL 33067	<input checked="" type="checkbox"/> Delete

TITLE NAME P/D ANDREA TYRELL GRANT STREET ADDRESS 18024 SW 29 COURT CITY-ST-ZIP MIRAMAR, FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D MARY ANN RAYMOND STREET ADDRESS 16879 SW 1ST MANOR CITY-ST-ZIP PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME V/D DANA CRAWFORD STREET ADDRESS 13253 SW 114 TERRACE CITY-ST-ZIP MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME S/D JOAN MUIR-MALCOLM STREET ADDRESS 16797 NW 20 STREET CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME T/D BARBARA TREWICK STREET ADDRESS 3725 NE 169 STREET #301 CITY-ST-ZIP N. MIAMI BEACH, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CFR2E037 (10/00)

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:** *MS SIGNATURE REQUIRED* ANN RAYMOND 4/27/01 (954) 217-8787  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #