

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90079 029 *****61.25

DOCUMENT # N35882

1. Entity Name

P.K. YONGE ALUMNI ASSOCIATION, INC.

Principal Place of Business

**C/O SHIRLEY ANN SIRMONS
 4123 S.W. 50TH STREET
 GAINESVILLE FL 32608**

Mailing Address

**C/O SHIRLEY ANN SIRMONS
 4123 S.W. 50TH STREET
 GAINESVILLE FL 32608**

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SIRMONS, SHIRLEY ANN
 4123 S.W. 50TH STREET
 GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

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.

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEGARE, SUZANNE	
STREET ADDRESS	4005 NW 14TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCOY, SUE	
STREET ADDRESS	4150 N.W. 37TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HODSDON, V.G.	
STREET ADDRESS	3312 S.W. 35TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENNYPACKER, STEPHEN	
STREET ADDRESS	6024 N.W. 54TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIRMONS, SHIRLEY ANN	
STREET ADDRESS	4123 S.W. 50TH ST.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greg Cunningham	
STREET ADDRESS	4225 SW 21 ST	
CITY-ST-ZIP	Gainesville, Fl 32608	
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
NAME		
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:

Suzanne Legare
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01 352/392-1554 x221

Date Daytime Phone #

CR2E037 (10/00)