

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35882

1. Entity Name

P.K. YONGE ALUMNI ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

P.K. Yonge D.R.S.

3. Mailing Address

1080 SW 11 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1080 SW 11 ST

City & State

City & State

Gainesville, FL

Gainesville, FL

Zip

Country

Zip

Country

32601

32601

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

7. Name and Address of New Registered Agent

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

Name

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

1080 SW 11 ST

City

Gainesville

FL

Zip Code

32601

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, GREG 4225 SW 21 STREET GAINESVILLE FL 32608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, SUE 4150 N.W. 37TH DRIVE GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODSDON, V.G. 3312 S.W. 35TH BLVD. GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNYPACKER, STEPHEN 6024 N.W. 54TH TERRACE GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIRMONS, SHIRLEY ANN 4123 S.W. 50TH ST. GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Ann Sirmons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02  
Date

FILED  
May 09, 2002 8:00 am  
Secretary of State

05-09-2002 90094 007 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)