

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90388 041 *****61.25

DOCUMENT # N35882

1. Entity Name

P.K. YONGE ALUMNI ASSOCIATION, INC.



Principal Place of Business

**P.K. YONGE D.R.S.
1080 SW 11 STREET
GAINESVILLE FL 32601**

Mailing Address

**P.K. YONGE D.R.S.
1080 SW 11 STREET
GAINESVILLE FL 32601**

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SIRMONS, SHIRLEY ANN
1080 SW 11 STREET
GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

Name **Scarabino, Shirley Ann**
Street Address (P.O. Box Number Is Not Acceptable)

City **Same** **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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CUNNINGHAM, GREG**
STREET ADDRESS **4225 SW 21 STREET**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **D** ☐ Delete
NAME **MCCOY, SUE**
STREET ADDRESS **4150 N.W. 37TH DRIVE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ Delete
NAME **HODSDON, V.G.**
STREET ADDRESS **3312 S.W. 35TH BLVD.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ Delete
NAME **PENNYPACKER, STEPHEN**
STREET ADDRESS **6024 N.W. 54TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ Delete
NAME **SIRMONS, SHIRLEY ANN**
STREET ADDRESS **4123 S.W. 50TH ST.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Scarabino, Shirley Ann**
STREET ADDRESS **1110 NW 40 Ave**
CITY-ST-ZIP **Gainesville, FL 32609**

TITLE ☐ Change ☐ 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: *Shirley Ann Scarabino*

02-17-03 392-1554x221

CR2E037 (10/02)