

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90280 028 ****61.25

DOCUMENT # N45529

1. Entity Name

MIAMI STORYTELLERS GUILD, INC.

Principal Place of Business

Mailing Address

**5101 SW 65TH AVE
 MIAMI FL 33155**

**5101 SW 65TH AVE
 MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0289262

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SPITZER, LINDA
 5101 SW 65 AVE
 MIAMI FL 33155**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **SPITZER, LINDA**
 STREET ADDRESS **5101 SW 65 AVE**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **D** ☐ Change ☒ Addition
 NAME **NELLIE LEE D**
 STREET ADDRESS **6666 SW 115 CT #203**
 CITY-ST-ZIP **MIAMI, FL 33173**

TITLE **D** ☐ Delete
 NAME **GREGORY, PAT**
 STREET ADDRESS **960 NE 90TH ST**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE **D** ☐ Change ☒ Addition
 NAME **CLAUDIA MORIARTY**
 STREET ADDRESS **60 DOLAN**
 CITY-ST-ZIP **2278 SE 27 DR HOMESTEAD, FL 33035**

TITLE ☒ Delete
 NAME **ALSPRAUGH, H**
 STREET ADDRESS **9935 SW 196TH ST**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Change ☒ Addition
 NAME **TINA NEWSON**
 STREET ADDRESS **15450 SW 297 TERR**
 CITY-ST-ZIP **HOMESTEAD, FL 33033**

TITLE **VP** ☐ Delete
 NAME **GREGORY, JIM**
 STREET ADDRESS **960 NE 90TH ST**
 CITY-ST-ZIP **MIAMI FL 33138**

☐ Change ☐ Addition

TITLE **Treasurer** ☐ Delete
 NAME **GRAMLING, LOUISE**
 STREET ADDRESS **5801 MARIUS ST**
 CITY-ST-ZIP **MIAMI FL 33146 CORAL Gables**

☐ Change ☐ Addition

TITLE **S** ☐ Delete
 NAME **PIPKIN, G L**
 STREET ADDRESS **6770 N WATERWAY DR**
 CITY-ST-ZIP **MIAMI FL 33155**

☐ Change ☐ 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:

Linda Spitzer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/02 305 665 8429

CR2E037 (9/01)

Attachment
772123
#N45529

Linda Spitzer, Storyteller

5101 SW 65 Avenue

Miami, Florida 33155

phone/fax 305-665-8429 storybag@aol.com

Uniform Business REport Document # N45529

Miami Storytellers Guild, Inc. FEI #-65-0289262

April 12, 2002

President: Spitzer, Linda
5101 SW 65 Ave.
MIAMI, FL 33155

VP: Gregory, Jim
960 NE 90th St
Miami, FL 33138

S Pipkin, Lilian Galdo
6770 N. Waterway Dr
Miami, FL 33155

T Gramling, Louise
5801 Marius St
Coral Gables, FL 33146

D Gregory, Pat
960 NE 90th St
Miami, FL 33138

D Moriarity, Claudia
C/oDolan
2278 SW 27 Dr
Homestead, FL 33035

D Newson, Tina
15450 SW 297 Terr
Homestead, FL 33033

D Lee, Nelli
6666 SW 115 Ct APT # 203
Miami, FL 33173