

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

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90167 015 \*\*\*\*61.25

**DOCUMENT # N45529**

1. Entity Name  
**MIAMI STORYTELLERS GUILD, INC.**



Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **65-0289262**

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

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

SIGNATURE: *Linda Spitzer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/09/03*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition  
NAME **P GREGORY, JIM**  
STREET ADDRESS **960 NE 90TH ST**  
CITY-ST-ZIP **MIAMI, FL 33138**

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

TITLE ☐ Change ☒ Addition  
NAME **D MORRIS, CLAUDIA**  
STREET ADDRESS **40 DOLAN DR.**  
CITY-ST-ZIP **2278 SE 27 DR. HOMESTEAD, FL 33035**

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

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

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

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

TITLE ☐ Delete  
NAME **T GRAMLING, LOUISE**  
STREET ADDRESS **5801 MARIUS ST**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

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

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:

*Linda Spitzer*

*4/09/03 305-6658429*

CR2E037 (10/02)