

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

0025176

04-10-2002 90032 022 ****61.25

DOCUMENT # N93000000629

1. Entity Name

PERRINE/CUTLER RIDGE COUNCIL, INC.

Principal Place of Business

900 PERRINE AVE.
 MIAMI FL 33157
 US

Mailing Address

900 PERRINE AVE.
 MIAMI FL 33157
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0407832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TALARICO, CARLA B
 900 PERRINE AVE.
 PERRINE FL 33157

7. Name and Address of New Registered Agent

Name

DENISE D. HEACOCK

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

900 PERRINE AVENUE

City

PERRINE

FL

Zip Code

33157

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 *Denise D. Heacock* **DENISE D. HEACOCK EXECUTIVE DIRECTOR 4-1-2002**

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 | C | Delete |
| NAME | BREDER, JOHN | |
| STREET ADDRESS | 9661 SW 184 STREET | |
| CITY-ST-ZIP | MIAMI FL 33157 | |
| TITLE | CO-C | Delete |
| NAME | ENRIGHT, BILL | |
| STREET ADDRESS | 6855 RED RD STE #600 | |
| CITY-ST-ZIP | CORAL GABLES FL 33143 | |
| TITLE | ST | Delete |
| NAME | COLLINS, MARY | |
| STREET ADDRESS | 2269 SE 27TH DR | |
| CITY-ST-ZIP | HOMESTEAD FL 33035 | |
| TITLE | D | Delete |
| NAME | DOTSON, ALBERT S | |
| STREET ADDRESS | 17901 SW 78TH AVE. | |
| CITY-ST-ZIP | PERRINE FL 33157 | |
| TITLE | D | Delete |
| NAME | BELL, WILBUR | |
| STREET ADDRESS | 17452 SW 104 AVE | |
| CITY-ST-ZIP | MIAMI FL 33157 | |
| TITLE | D | Delete |
| NAME | HANNA, ED | |
| STREET ADDRESS | 17623 HOMESTEAD AVE. | |
| CITY-ST-ZIP | PERRINE FL 33157 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | |
|----------------|-------------------------------|--------|----------|
| TITLE | CHAIRMAN | Change | Addition |
| NAME | JOHNSON, BARRY | | |
| STREET ADDRESS | 9100 SO. DADELAND BLVD, #1410 | | |
| CITY-ST-ZIP | MIAMI, FL 33156 | | |
| TITLE | VICE CHAIRMAN | Change | Addition |
| NAME | DOTSON, ALBERT S | | |
| STREET ADDRESS | 17901 SW 78 AVE | | |
| CITY-ST-ZIP | PERRINE, FL 33157 | | |
| TITLE | DIRECTOR | Change | Addition |
| NAME | BREDER, JOHN | | |
| STREET ADDRESS | 9861 SW 184 ST. | | |
| CITY-ST-ZIP | MIAMI FL 33157 | | |
| TITLE | DIRECTOR | Change | Addition |
| NAME | ALENCIKAS, JOANN | | |
| STREET ADDRESS | 19500 SO. DIXIE HIGHWAY | | |
| CITY-ST-ZIP | MIAMI, FL 33157 | | |
| TITLE | SECRETARY TREASURER | Change | Addition |
| NAME | JOYCE MASSO | | |
| STREET ADDRESS | 18131 SW 98 AVENUE ROAD | | |
| CITY-ST-ZIP | MIAMI, FL 33157 | | |
| 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:

Joyce Masso

JOYCE MASSO

4-1-2002

305-38-9410

CR2E037 (9/01)