

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003213

1. Entity Name

SOUTH FLORIDA ASSOCIATION OF SILLIMAN ALUMNI AND

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90047 040 ****61.25

Principal Place of Business

Mailing Address

702 SW 15 STREET
FT. LAUDERDALE FL 33315

702 SW 15 STREET
FT. LAUDERDALE FL 33315-1625

2. Principal Place of Business

4501 E. Country Club Cir

3. Mailing Address

4501 E. Country Club Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

65-0616446

Applied For

Not Applicable

Zip

33317

Country

BROWARD

Zip

33317

Country

BROWARD

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

HOBART, GLENDA
4501 E COUNTRY CLUB CIRCLE
PLANTATION FL 33317

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 PD
NAME WILSON, RON
STREET ADDRESS 601 S E 7TH AVE
CITY-ST-ZIP DEERFIELD BCH FL 33441 ☐ Delete

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

TITLE VPD
NAME RAMIREZ, MELVIN
STREET ADDRESS 6688 N W 80TH MANOR
CITY-ST-ZIP PARKLAND FL 33067 ☒ Delete

TITLE VPD
NAME RINGON, NELA
STREET ADDRESS
CITY-ST-ZIP SUNRISE, FL ☒ Change ☒ Addition

TITLE T
NAME VICOY, AMY P
STREET ADDRESS 5524 NW 55TH DR
CITY-ST-ZIP COCONUT CREEK FL ☒ Delete

TITLE T
NAME THEN, WANDALEE
STREET ADDRESS 10500 NW 5 MANOR
CITY-ST-ZIP PLANTATION, FL 33324 ☒ Change ☐ Addition

TITLE D
NAME PORTER, LUZ S
STREET ADDRESS 8643 SW 14TH ST
CITY-ST-ZIP PEMBROKE PINES FL ☒ Delete

TITLE S
NAME BODIE WILSON
STREET ADDRESS 601 SE 7TH AVE
CITY-ST-ZIP DEERFIELD BCH, FL 33441 ☐ Change ☒ Addition

TITLE D
NAME HOBART, GLENDA
STREET ADDRESS 4501 E COUNTRY CLUB CIRCLE
CITY-ST-ZIP PLANTATION FL ☐ Delete

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

TITLE S
NAME CATABAY, SOPHIA
STREET ADDRESS 5723 N W 46TH DR
CITY-ST-ZIP CORAL SPGS FL 33067 ☐ Delete

TITLE VPD
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ 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: **GLENDA HOBART**
SIGNATURE REQUIRED

4/15/00

(954) 355-5536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)