## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** May 14, 2001 8:00 am Secretary of State DOCUMENT # N9500005332 1. Entity Name MONTEGO BAY HIGH SCHOOL ALUMNAE ASSOCIATION OF S 05-14-2001 90263 018 \*\*\*\*61.25 Principal Place of Business Mailing Address 1112 SW 49TH TERRACE 1112 SW 49TH TERRACE PLANTATION FL 33317 PLANTATION FL 33317 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0626223 ✓ Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HAUGHTON, LORETTA 1112 SW 49TH TERRACE PLANTATION FL 33317 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Pavable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change TITLE ☐ Delete TITLE NAME SMITH, BEVERLY NAME STREET ADDRESS STREET ADDRESS 3910 NW 175 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33055 ☐ Change Addition TITLE VP ☐ Delete TITLE NAME CURTIS, LIZ NAME

STREET ADDRESS STREET ADDRESS 8533 SW 5TH ST. #10-203 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33025 ☐ Change ☐ Addition TITLE -TITLE ☐ Delete PINTO, DOROTHY NAME NAME STREET ADDRESS STREET ADDRESS 14821 E TETHERCLIFT ST CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33331 ☐ Change Addition ☐ Delete TITLE TITLE HAUGHTON, LORETTA NAME NAME 1112 SW 49TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Addition Change Delete TITLE ROBERSON, JUDITH NAME NAME STREET ADDRESS STREET ADDRESS 4640 NW 41ST PLACE CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Change Addition TITLE ☐ Delete TITLE

12. Thereby 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 owner like empowered.

CITY-ST-7IP

STREET ADDRESS

NAME

NAME STREET ADDRESS

CITY-ST-ZIP

BROWN, MERLYN

19450 NW 10TH STREET

PEMBROKE PINES FL 33029

DLORETTA HAUGHTON

CR2E037 (10/00)