

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005973

1. Entity Name

BLANCHE ELY HIGH CLASS OF 1970, INC.

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90095 039 \*\*\*\*61.25

Principal Place of Business Mailing Address  
3333 WEST ATLANTIC BOULEVARD SUITE 16 3333 WEST ATLANTIC BOULEVARD SUITE 16  
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0629735

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

PHILLIPS, EDWARD W  
3333 W ATLANTIC BLVD, SUITE 16  
POMPANO BEACH FL 33069

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

7-20-00

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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	<input type="checkbox"/> Delete
NAME	PHILLIPS, ED	
STREET ADDRESS	3333 WEST ATLANTIC BOULEVARD SUITE 16	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MALONE, BETTY	
STREET ADDRESS	3333 WEST ATLANTIC BOULEVARD SUITE 16	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PHILLIPS, FELTON	
STREET ADDRESS	3333 WEST ATLANTIC BOULEVARD SUITE 16	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, DALLAS	
STREET ADDRESS	3333 WEST ATLANTIC BOULEVARD SUITE 16	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, RALPH	
STREET ADDRESS	3333 WEST ATLANTIC BOULEVARD SUITE 16	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, WILLIE JAMES	
STREET ADDRESS	3333 WEST ATLANTIC BOULEVARD SUITE 16	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-20-00

CR2E037 (5/00)