

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90311 049 ****69.90

DOCUMENT # N95000005973

1. Entity Name

BLANCHE ELY HIGH CLASS OF 1970, INC.

Principal Place of Business

Mailing Address

3333 WEST ATLANTIC BOULEVARD SUITE 16
POMPANO BEACH FL 33069

3333 WEST ATLANTIC BOULEVARD SUITE 16
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address 2060 N.W. 6 Ave
Pomp Bch, FL 33060

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pompano Bch FL

4. FEI Number

65-0629735

Applied For

Not Applicable

Zip

Country

Zip

33060

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

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

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

2060 NW 6 AVE

City Pompano Bch FL Zip Code 33060

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 ☒ Delete
NAME PHILLIPS, ED
STREET ADDRESS 3333 W ATLANTIC BLVD. # 16
CITY-ST-ZIP POMPANO BEACH FL 33069

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

TITLE PD ☐ Delete
NAME MALONE, BETTY
STREET ADDRESS 3333 WEST ATLANTIC BOULEVARD SUITE 16
CITY-ST-ZIP POMPANO BEACH FL 33069

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

TITLE D ☐ Delete
NAME THOMPSON, DIANA
STREET ADDRESS 3333 W ATLANTIC BLVD. # 16
CITY-ST-ZIP POMPANO BEACH FL 33069

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

TITLE TD ☐ Delete
NAME DIXON, DALLAS
STREET ADDRESS 3333 WEST ATLANTIC BOULEVARD SUITE 16
CITY-ST-ZIP POMPANO BEACH FL 33069

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

TITLE D ☒ Delete
NAME MORRIS, RALPH
STREET ADDRESS 3333 WEST ATLANTIC BOULEVARD SUITE 16
CITY-ST-ZIP POMPANO BEACH FL 33069

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

TITLE D ☐ Delete
NAME WRIGHT, WILLIE JAMES
STREET ADDRESS 3333 WEST ATLANTIC BOULEVARD SUITE 16
CITY-ST-ZIP POMPANO BEACH FL 33069

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:

Betty Malone Morris

April 28/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)