

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000005998**

1. Entity Name

THE SOUTH DADE HIGH SCHOOL ALUMNI ASSOCIATION, I

Principal Place of Business

Mailing Address

**SOUTH DADE SENIOR HIGH SCHOOL
28401 SW 167TH AVE
HOMESTEAD FL 33030****SOUTH DADE SENIOR HIGH SCHOOL
28401 SW 167TH AVE
HOMESTEAD FL 33030**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0635557

Applied For

Not Applicable

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

**LEICHNER, ARTIE
27221 S.W. 167TH COURT
HOMESTEAD FL 33031**

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

TITLE	DVP	<input type="checkbox"/> Delete
NAME	FURNARI, JOEL	
STREET ADDRESS	710 S.E. 29TH DRIVE	
CITY-ST-ZIP	HOMESTEAD FL 33033	

TITLE	TD	<input type="checkbox"/> Delete
NAME	FOLGER, DAVID	
STREET ADDRESS	27525 S.W. 167TH COURT	
CITY-ST-ZIP	HOMESTEAD FL 33031	

TITLE	SD	<input type="checkbox"/> Delete
NAME	GARLAND, KENDRA	
STREET ADDRESS	16706 S.W. 299TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	

TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, JAMES	
STREET ADDRESS	27221 S.W. 164TH COURT	
CITY-ST-ZIP	HOMESTEAD FL 33031	

TITLE	P	<input type="checkbox"/> Delete
NAME	LEICHNER, ARTIE	
STREET ADDRESS	27221 S.W. 167TH COURT	
CITY-ST-ZIP	HOMESTEAD FL 33031	

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Artie Lechner

4/25/01

305 247 4244 ext 2232

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90111 025 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)