

* 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

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

04-19-2000 90069 016 ****61.25

DOCUMENT # N96000000535

1. Entity Name

ALPHA ACADEMY ALUMNAE ASSOCIATION, SOUTH FLORIDA

Principal Place of Business

**8015 N.W. 100 DRIVE
TAMARAC FL 33321**

Mailing Address

**8015 N.W. 100 DRIVE
TAMARAC FL 33321-1256**

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

65-0662913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HALL, YVONNE
305 SOUTH ANDREWS AVE
S-205
FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **DAAPHNE THEODORE**
Street Address (P.O. Box Number is Not Acceptable)
8015 N.W. 100 DR
City **TAMARAC** FL Zip Code **33321**

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

DAAPHNE H THEODORE
Signature, typed or printed name of registered agent and title if applicable

Daphne Theodore
(NOTE: Registered Agent signature required when reinstating)

05/10/2000
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 **PTD** ☐ Delete
NAME **THEODORE, DAPHNE**
STREET ADDRESS **8015 N.W. 100 DRIVE**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **SD** ☐ Delete
NAME **MOSS-SOLOMON, MARJORIE**
STREET ADDRESS **1420 N.W. 100TH WAY**
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **D** ☐ Delete
NAME **MURRAY, SHIRLEY**
STREET ADDRESS **1431 NW 207TH STREET**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D** ☐ Delete
NAME **SMALL, LORIZEL**
STREET ADDRESS **7960 N. COLONY CIRCLE BLDG. 5-105**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V.P.** ☐ Change ☒ Addition
NAME **CLAUDETTE PARKIN**
STREET ADDRESS **1420 NW 100 WAY**
CITY-ST-ZIP **PLANTATION, FL 33322**

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

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

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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:

Daphne Theodore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/12/2000

Daytime Phone #

(954) 722-1645

C-3 (EX) 17 (9/99)