

2001 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

THEODORE, DAPHNE
8015 NW 100 DR
TAMARAC FL 33321

7. Name and Address of New Registered Agent

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PARKIN, CLAUDETTE
1420 NW 100 WAY
PLANTATION FL 33322 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90273 019 *****61.25

C0053532



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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