

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90015 049 ****61.25

C0050952

DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000000900

1. Entity Name

Catholic Alumni Club of South Florida, Inc.

Principal Place of Business

3245 S Port Royale Dr, Apt A
 Ft. Lauderdale, FL 33308

Mailing Address

3245 S Port Royale Dr, Apt A
 Ft. Lauderdale, FL 33308

2. Principal Place of Business

3245 S Port Royale Dr
 Suite, Apt. #, etc.
 A

3. Mailing Address

3245 S Port Royale Dr
 Suite, Apt. #, etc.
 A

City & State

Ft. Lauderdale, FL

Zip
 33308

Country
 USA

City & State

Ft. Lauderdale, FL

Zip
 33308

Country
 USA

4. FEI Number

65-0651651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Halsey, Edward
 3245 S Port Royale Dr, Apt A
 Ft. Lauderdale, FL 33308

7. Name and Address of New Registered Agent

Name
 Halsey, Edward
 Street Address (P.O. Box Number is Not Acceptable)
 3245 S Port Royale Dr, Apt A
 City
 Ft. Lauderdale FL Zip Code
 33308

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

Edward Halsey Edward Halsey

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. Halsey, Edward
STREET ADDRESS	3245 S Port Royale Dr
CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DS Nolan, Ronu
STREET ADDRESS	9734 SW 3rd Street, Apt 103
CITY-ST-ZIP	Pembroke Pines, FL 33025
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DT Perera, Jorge
STREET ADDRESS	15251 NW 6 Court
CITY-ST-ZIP	Pembroke Pines, FL 33028
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	

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:

Edward Halsey Edward Halsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/2000

Date

(954) 229-6014

Daytime Phone #

CR2E037 (9/99)