

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000900

1. Entity Name

CATHOLIC ALUMNI CLUB OF SOUTH FLORIDA, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90096 050 ****61.25

Principal Place of Business

Mailing Address

3245 S PORT ROYAL DR
A
FORT LAUDERDALE FL 33308
US

3245 S PORT ROYAL DR
A
FORT LAUDERDALE FL 33308
US

2. Principal Place of Business

6345 Bay Club Drive

3. Mailing Address

6345 Bay Club Drive

Suite, Apt., etc.

Suite, Apt., etc.

Unit #2

Unit #2

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

Zip

Zip

33308

33308

Country
USA

Country
USA



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

HALSEY, EDWARD
3245 S PORT ROYALE DR APT A
FORT LAUDERDALE FL 33308

Name
Halsey, Edward

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

6345 Bay Club Drive, Unit #2

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, President

1/19/01

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 NAME STREET ADDRESS CITY-ST-ZIP	DT HALSEY, EDWARD 3245 S PORT ROYALE FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NOLON, ROPU 8734 SW 3RD STREET-APT. 103 PEMBROKE PINES FL 33025	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PERERA, JOYCE 15251 NW 6 COURT PEMBROKE PINES FL 33028	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERESA, JORGE 15251 NW 6 COURT PEMBROKE PINES FL 33028	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Halsey, Edward 6345 Bay Club Drive, Unit #2 Fort Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Perera, Jorge 15251 NW 6 Court Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS Miguel, Lissete 10245 S.W. 24 St, Apt 0167 Miami, FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Edward Halsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/01

(954) 229-6014

CR2E037 (10/00)