

2000-UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 02, 2000 8:00 am
Secretary of State

03-15-2000 90014 044 ****70.00

DOCUMENT # N96000003376

1. Entity Name

Hurricane Chapter of South Florida, Inc.

Principal Place of Business

Mailing Address

1000 Ponce de Leon Blvd., Suite 100
Coral Gables, FL 33134

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0821107

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

Jose E. Morales
1000 Ponce de Leon Blvd., Ste. 100
Coral Gables, FL 33134

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 re-registering)

DATE

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 | President | <input type="checkbox"/> Delete |
| NAME | Jose E. Morales (D) | |
| STREET ADDRESS | 1000 Ponce de Leon Blvd. #100 | |
| CITY-ST-ZIP | Coral Gables, FL 33134 | |
| TITLE | Vice President | <input type="checkbox"/> Delete |
| NAME | Brian Allen (D) | |
| STREET ADDRESS | 5610 Pine Tree Road | |
| CITY-ST-ZIP | Coral Springs, FL 33067 | |
| TITLE | Secretary | <input type="checkbox"/> Delete |
| NAME | Eileen Perry (D) | |
| STREET ADDRESS | 227 E. San Marino Drive | |
| CITY-ST-ZIP | Miami Beach, FL 33139 | |
| TITLE | Treasurer | <input type="checkbox"/> Delete |
| NAME | Sandra Trutt (D) | |
| STREET ADDRESS | 210 NW 77 Way | |
| CITY-ST-ZIP | Pembroke Pines, FL 33024 | |
| TITLE | Newsletter Editor | <input type="checkbox"/> Delete |
| NAME | Johnny Stallings (D) | |
| STREET ADDRESS | 241 NE 23 Ct. | |
| CITY-ST-ZIP | Pompano Beach, FL 33060 | |
| TITLE | Historian | <input type="checkbox"/> Delete |
| NAME | Arnold Pritchep | |
| STREET ADDRESS | 805 NW 165th Avenue | |
| CITY-ST-ZIP | Pembroke Pines, FL 33028 | |

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 |
| 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 |
| 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 lines empowered.

SIGNATURE:

Jose E. Morales, President
 JOSE E. MORALES

3/1/00

(305) 448-1703

Date

Daytime Phone #

CR2E037 (9/99)

MULTIPLE

Processing - Checks

AR/UBR Batch # 26497

0/1



300526

MULTIPLE

ANN REP/UNIFORM BUS REP

Prep. Name: _____

Scanner Name: _____

Prep. Date: _____

Box Number: _____

