

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90159 033 ****61.25

DOCUMENT # N96000003376

1. Entity Name

HURRICANE CHAPTER OF SOUTH FLORIDA, INC.

Principal Place of Business

**1000 PONCE DE LEON BOULEVARD
SUITE 100
CORAL GABLES FL 33134**

Mailing Address

**1000 PONCE DE LEON BOULEVARD
SUITE 100
CORAL GABLES FL 33134**

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

65-0821107

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

**MORALES, JOSE E
1000 PONCE DE LEON BOULEVARD
SUITE 100
CORAL GABLES FL 33134**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete
NAME ~~**PALMER, BOB**~~
STREET ADDRESS ~~**14201 SNOWBERRY DR**~~
CITY-ST-ZIP ~~**WELLINGTON FL 33414**~~

TITLE **President** ☐ Change ☒ Addition
NAME **Brian Allen**
STREET ADDRESS **5610 Pine Tree Rd.**
CITY-ST-ZIP **Coral Springs, FL 33063**

TITLE **L** ☐ Delete
NAME **MORALES, JOSE E**
STREET ADDRESS **1000 PONCE DE LEON BOULEVARD**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME ~~**DAVIS, LARRY**~~
STREET ADDRESS ~~**4800 SW 120 AVE**~~
CITY-ST-ZIP ~~**COOPER CITY FL 33030**~~

TITLE **Editor** ☐ Change ☒ Addition
NAME **Arnold Pritchep**
STREET ADDRESS **805 NW 165 Avenue**
CITY-ST-ZIP **Pembroke Pines, FL 33028**

TITLE **T** ☐ Delete
NAME **TRUTT, SANDRA**
STREET ADDRESS **210 NW 77 WAY**
CITY-ST-ZIP **PEMBROOK PINES FL 33024**

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

TITLE **D** ☐ Delete
NAME **PERRY, EILEEN**
STREET ADDRESS **227 E. SAN MARINO DR**
CITY-ST-ZIP **MB FL 33139**

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

TITLE **D** ☐ Delete
NAME **STALLINGS, JOHNNY**
STREET ADDRESS **241 NE 23 CT**
CITY-ST-ZIP **POMPANO BCH FL 33060**

TITLE **Vice President** ☒ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)