## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9700000911

1. Entity Name

## FLORIDA MEMORIAL COLLEGE NATIONAL ALUMNI ASSOCIA TION, INC.

Principal Place of Business

Mailing Address

11121 S.W. 172ND AVENUE MIAMI FL 33157

11121 S.W. 172ND AVENUE

MIAMI FL 33157

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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
7in	

FILED Sep 23, 2002 8:00 am Secretary of State 09-23-2002 90045 018 \*\*\*\*70.00



2. Principal Place of Business			3. Ma	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State C			City & State			4. FEI Number 59-3230209			Applied For			
Zip Country			Zi	Zip Country				¢o.			Not Applicable	
					Fe			Fee.Requi	8.75 Additional ee.Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
<b>₽</b>						Livanie						
DAVIS, GEORGE JR.						Street Address (P.O. Box Number is Not Acceptable)						
	N. 172ND AV	/ENUE						····				
MIAMI FL	33157											
						City		·	FL	Zip Co	ode	
8. The above	e named entity	submits this statement for	or the purp	ose of changing its	registera	ed office or re-	aieter	ed agent or both in the		<u> — —</u>		
SIGNATURE		or printed name of registered agent				I Agent signature re			DATE			
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	Make Check Departmen	Payable t of Sta	e to	
10.	les.	OFFICERS AND DI	RECTORS		11.		A	DDITIONS/CHANGES T	O OFFICERS AND DIR	ECTORS I	N 10	
TITLE	PD	222		☐ Delete	TITLE	_			·	☐ Change	Addition	
NAME	DAVIS, GEO				NAME					3-		
STREET ADDRESS CITY-ST-ZIP		172ND AVENUE				T ADDRESS						
TITLE	MIAMI*FL*3	3137			╂ —	ST-ZIP		The second second	e e e e e e e e e e e e e e e e e e e	· =		
NAME	BAIN, WILL	FTTΔ		☐] Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS	550 N.E. 17				NAME							
CITY-ST-ZIP		MI BEACH FL 33162				T ADDRESS ST- ZIP					ĺ	
TITLE	SD	THE SECTION OF THE SECTION			-	J. Ell.			<del></del>			
NAME	JOSEPH, SI	HFI IA		☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS	7571 GREA				NAME	T ADDRESS						
CITY-ST-ZIP	MIRAMAR F				CITY-S							
TITLE	TD			☐ Delete	TITLE							
NAME	SMITH, BEN	<b>IJAMIN</b>		L Delete	NAME				i	Change	☐ Addition	
STREET ADDRESS	3251 FROW	' AVENUE				ADDRESS						
CITY-ST-ZIP	COCONUT	GROVE FL 33133			CITY-S	ST-ZIP						
TITLE				☐ Delete	TITLE					Change	Addition	
NAME	l				NAME	1			L	_ Change	☐ Addition	
STREET ADDRESS					STREET	ADDRESS						
CITY-ST-ZIP					CITY-S	T-ZIP					}	
TITLE .		<u></u>	,	☐ Delete	TITLE					Change	Addition	
NAME					NAME				L		C VOCHOLL	
STREET ADORESS						ADDRESS						
CITY-ST-ZIP					-eny-s							
<ol><li>I hereby c</li></ol>	ertify that the i	nformation supplied with	this filing c	loes not qualify for the	a avam	otion stated in	Cant	inn 110 07/0)() El				

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: