

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001302

1. Entity Name

ARDENNE ALUMNI ASSOCIATION OF FLORIDA, INC.

FILED

Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90089 012 ****61.25

Principal Place of Business

Mailing Address

700 NORTH 66TH TERRACE
HOLLYWOOD FL 33024

700 NORTH 66TH TERRACE
HOLLYWOOD FL 33024-7634

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRANT, MICHAEL A
1806 SW 99TH AVE
MIRAMAR FL 33025

1371 BAYVIEW CIR
WESTON FL 33326

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
NAME PD
STREET ADDRESS GRANT, MICHAEL
CITY-ST-ZIP 1806 SW 99TH AVENUE
MIRAMAR FL

TITLE
NAME PD
STREET ADDRESS GRANT, MICHAEL
CITY-ST-ZIP 1371 BAYVIEW CIR
WESTON FL 33326

TITLE
NAME VD
STREET ADDRESS LAKE, NORMAN
CITY-ST-ZIP 22502 SW 66TH AVENUE
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME S
STREET ADDRESS ROSE, JOAN
CITY-ST-ZIP 2718 SW 177TH AVE
MIRAMAR FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME T
STREET ADDRESS MONROE, MARK
CITY-ST-ZIP 7136 NW 78TH PL
PARKLAND FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

MICHAEL A GRANT

3/9/2000

305 552 2093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)