

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001302

1. Entity Name  
ARDENNE ALUMNI ASSOCIATION OF FLORIDA, INC.



Principal Place of Business  
700 NORTH 66TH TERRACE  
HOLLYWOOD FL 33024

Mailing Address  
700 NORTH 66TH TERRACE  
HOLLYWOOD FL 33024

03 MAY -1 AM 6:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
11002663

*Handwritten signature/initials*



04/21/03 90469 036 \$61.25  
☐ CHECK HERE IF MAKING CHANGES

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 NOT APPLICABLE

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

GRANT, MICHAEL A  
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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME LAKE, NORMAN  
STREET ADDRESS 22502 SW 66TH AVENUE  
CITY-ST-ZIP BOCA RATON FL 33

☒ Delete

TITLE President, Director  
NAME Phillip Hudson  
STREET ADDRESS 3800 Inverray Blvd, Suite 100-P  
CITY-ST-ZIP Landershill, FL 33319

☒ Change ☒ Addition

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

☒ Delete

TITLE Vice-President, Director  
NAME Judith Kane  
STREET ADDRESS 700 N. 66 Terrace  
CITY-ST-ZIP Hollywood, FL 33024

☐ Change ☒ Addition

TITLE TD  
NAME TELFER, DALE  
STREET ADDRESS 17578 SW 13TH STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33329

☒ Delete

TITLE Secretary, Director  
NAME Michael Grant  
STREET ADDRESS 1371 Bayview Circle  
CITY-ST-ZIP Weston, FL 33326

☐ Change ☒ Addition

TITLE VP/D  
NAME BROWN-MONROE, PATRICIA  
STREET ADDRESS 1371 BAYVIEW CIRCLE  
CITY-ST-ZIP WESTON FL 33326

☒ Delete

TITLE Treasurer, Director  
NAME Myrtella Burns  
STREET ADDRESS 3146 Inverray Drive  
CITY-ST-ZIP Landershill, FL 33319

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/03 954-733-8200  
Date Daytime Phone #

CR2E037 (10/02)