

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003346

1. Entity Name

ST. ELIZABETH TECHNICAL HIGH SCHOOL ALUMNI ASSOC

Principal Place of Business

P. O. BOX 451006
SUNRISE FL 33345

Mailing Address

P. O. BOX 451006
SUNRISE FL 33345

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0760395

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BANTON, MICHAEL
8835 N.W. 44TH CT.
CORAL SPRINGS FL 33065

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 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

TITLE NAME	PD GORDON, ERROL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5617-NW 21ST-ST LAUDERHILL FL 33313	
TITLE NAME	VPD THOMPSON, NIGEL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3301 NW 47 TERR LAUDERDALE LAKES FL 33319	
TITLE NAME	SD MORRIS, JOYVILLE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5731 NW 15TH ST APT. #3 SUNRISE FL 33322	
TITLE NAME	TD DOUGLAS, ENZEL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	96841 NW 25 CT. SUNRISE FL 33322	
TITLE NAME	PRO THOMPSON, EVERTON	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	184 NW 72ND AVE PLANTATION FL 33317	
TITLE NAME	D THOMPSON, MERNA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6725 LANDINGS DR, APT. 112 LAUDERHILL FL 33319	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

3/25/01 954 714 8587

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90051 018 ****61.25