

2000 UNIFORM BUSINESS REPORT (UBR)

1/

DOCUMENT # N98000002793

1. Entity Name

S.B.H.S. REUNION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-27-2000 90012 014 ****61.25

Principal Place of Business
C/O LUCILLE PENNINGTON
5920 S.W. 45TH WAY
FT. LAUDERDALE FL 33314

Mailing Address
C/O LUCILLE PENNINGTON
5920 S.W. 45TH WAY
FT. LAUDERDALE FL 33314-7512

2. Principal Place of Business
Home

3. Mailing Address
Same as above

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
65-0864904

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PENNINGTON, LUCILLE
5920 S.W. 45TH WAY
FT. LAUDERDALE FL 33314

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:
FEES 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	VPD <i>ROSSI</i>	<input checked="" type="checkbox"/> Delete
NAME	ROSSI, JOHN	
STREET ADDRESS	5550 SW 37 TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PENNINGTON, LUCILLE	
STREET ADDRESS	5920 SW 45 WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEDEIRIOR, LINDA	
STREET ADDRESS	3905 SW 51ST ST	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN ROSSI	<i>NO CHANGE</i>
STREET ADDRESS	<i>SAME</i>	
CITY-ST-ZIP		
TITLE	PP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCILLE PENNINGTON	<i>NO CHANGE</i>
STREET ADDRESS	<i>SAME</i>	
CITY-ST-ZIP		
TITLE	Linda medeiros	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<i>NO CHANGE</i>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

Revised 2/24/00 Lucille Pennington