

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
 02-11-2002 90037 004 ****61.25

DOCUMENT # N98000002793

1. Entity Name

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

Principal Place of Business

C/O LUCILLE PENNINGTON
 5920 SW 45TH WAY
 FT. LAUDERDALE FL 33314

Mailing Address

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

2. Principal Place of Business

12512 NW 57 Ct.

3. Mailing Address

P.O. Box 8281

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs

City & State

Coral Springs

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: 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

OLD
 NAME: VPD ROSSI, JOHN
 STREET ADDRESS: 5550 SW 37 TERR
 CITY-ST-ZIP: FT LAUDERDALE FL 33312 ☒ Delete

TITLE: PD
 NAME: PENNINGTON, LUCILLE
 STREET ADDRESS: 5920 SW 45 WAY
 CITY-ST-ZIP: FT LAUDERDALE FL 33314 ☐ Delete

TITLE: D
 NAME: MEDEIROS, LINDA
 STREET ADDRESS: 5905 SW 51ST ST
 CITY-ST-ZIP: DAVIE FL 33314 ☐ Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NEW
 NAME: VPD DOUG BROWN
 STREET ADDRESS: P.O. Box 21790
 CITY-ST-ZIP: FT. LAUDERDALE FL 33335 ☒ Change ☐ Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

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☐ 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:

Lucille Pennington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)