

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9800007250

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1. Entity Name **THE UNIVERSITY OF MICHIGAN SCHOOL OF BUSINESS ALUMNI CLUB OF SOUTH FLORIDA, INC.**

FILED

00 AUG 20 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1408 Brickell Bay Drive
Suite 617
Miami, FL 33131

Mailing Address
1408 Brickell Bay Drive
Suite 617
Miami, FL 33131

2. Principal Place of Business
12012 Glenmore Drive

3. Mailing Address
12012 Glenmore Drive

3/22/00 90082-043 \$601.25

City & State
Coral Springs, FL

City & State
Coral Springs FL

Zip
33071

Country
USA

4. FEI Number
05-09-37992

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**Wites, Marc A
SHEFTALL & TORRES, P.A.
100 SE 2ND, STE. 4600
Miami, FL 33131**

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 Marc A. Wites, Esq. Clara A. Wites 3/17/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE

FILE NOW
FEE IS \$87.25

B. 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 STREET ADDRESS CITY-ST-ZIP	<u>Kleino, Jeff (D)</u> <input type="checkbox"/> Delete <u>1408 Brickell Bay Drive, STE. 617 Miami, FL 33131</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Wites, Marc A (D)</u> <input type="checkbox"/> Delete <u>1408 Brickell Bay Drive, STE. 617 Miami, FL 33131</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Totte, Robert (D)</u> <input type="checkbox"/> Delete <u>1408 Brickell Bay Drive, STE. 617 Miami, FL 33131</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President and (D)</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President and (D)</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President and (D)</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Clara A. Wites

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)