

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000452

1. Entity Name

MIAMI NORLAND SENIOR HIGH SCHOOL ALUMNI ASSOCIAT

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90003 039 ***150.00

Principal Place of Business

Mailing Address

2141 SW 52ND AVE.
PLANTATION FL 33317

2141 SW 52ND AVE.
PLANTATION FL 33317-6051

2. Principal Place of Business

301 Holly Lane
Suite, Apt. #, etc.

3. Mailing Address

301 Holly Lane
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

65-0910820

Applied For

Not Applicable

Zip

Country

33317

USA

Zip

Country

33317

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

TARNOVE, BILLIE
2810 E. OAKLAND PARK BLVD., SUITE 202
FT. LAUDERDALE FL 33306

Name Barbara Goodman

Street Address (P.O. Box Number is Not Acceptable)

301 Holly Lane

City Plantation, FL

FL

Zip Code

33317

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

Barbara B Goodman

Barbara B Goodman

Treasurer

2/16/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HOUSTON, MIMI
STREET ADDRESS 2141 SW 52ND AVE.
CITY-ST-ZIP PLANTATION FL 33317

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

TITLE VD ☐ Delete
NAME MOSIER, RENEE
STREET ADDRESS 8910 NW 23RD ST.
CITY-ST-ZIP PEMBROKE PINES FL 33024

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

TITLE S ☐ Delete
NAME SIMON, SHELLEY B
STREET ADDRESS 21431 HIGHLAND LAKES BLVD.
CITY-ST-ZIP N. MIAMI FL 33179

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

TITLE AT ☐ Delete
NAME ROSS, PAULA
STREET ADDRESS 2450 NE 202 ST.
CITY-ST-ZIP N. MIAMI BCH FL 33180

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

TITLE T ☐ Delete
NAME GOODMAN, BARBARA
STREET ADDRESS 301 HOLLY LANE
CITY-ST-ZIP PLANTATION FL 33317

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

TITLE D ☐ Delete
NAME LABELL, MARIANNE
STREET ADDRESS 1251 NW 94TH AVE.
CITY-ST-ZIP PLANTATION FL 33322

TITLE ☐ Change ☐ 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:

Barbara B Goodman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00 954
581-8394

Day

Daytime Phone #

CR2E037 (9/99)