

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90335 018 *****61.25

DOCUMENT # N99000000452

1. Entity Name

MIAMI NORLAND SENIOR HIGH SCHOOL ALUMNI ASSOCIAT

Principal Place of Business

**301 HOLLY LN
 PLANTATION FL 33317**

Mailing Address

**301 HOLLY LN
 PLANTATION FL 33317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0910820

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TARNOVE, BILLIE
 301 HOLLY LN
 FT. LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

Name **Barbara Goodman**

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

301 Holly Lane

City **Plantation**

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

2/20/01

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
 NAME **Weinstein, Renee**
 STREET ADDRESS **4730 SW 62 Way Bldg 4 # 202**
 CITY-ST-ZIP **Davie, FL 33314**

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

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

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

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, Treasurer
BARBARA B. GOODMAN, Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01 954 581 8394
 Date Daytime Phone #

CR2E037 (10/00)

0047040