

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90133 006 \*\*\*\*61.25

**DOCUMENT # N99000000452**

1. Entity Name

**MIAMI NORLAND SENIOR HIGH SCHOOL ALUMNI ASSOCIATION, INC.**



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



☒ CHECK HERE IF MAKING CHANGES

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

**GOODMAN, BARBARA  
301 HOLLY LN  
FT. LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME             | STREET ADDRESS             | CITY-ST-ZIP           | DELETE                   | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE                   | ADDITION                 |
|-------|------------------|----------------------------|-----------------------|--------------------------|-------|------|----------------|-------------|--------------------------|--------------------------|
| PD    | HOUSTON, MIMI    | 2141 SW 52ND AVE.          | PLANTATION FL 33317   | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| VD    | WEINSTEIN, RENEE | 4730 SW 62 WAY BG 4 202    | DAVIE FL 33314        | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| S     | SIMON, SHELLEY B | 21431 HIGHLAND LAKES BLVD. | N. MIAMI FL 33179     | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| AT    | ROSS, PAULA      | 2450 NE 202 ST.            | N. MIAMI BCH FL 33180 | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| T     | GOODMAN, BARBARA | 301 HOLLY LANE             | PLANTATION FL 33317   | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                  |                            |                       | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |

CR2E037 (10/02)

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*

2/8/03 9545818394