2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900001437

FILED Sep 01, 2000 8:00 am

CLAREN	idon college alumni a	SSOCIATION, INC. SOU	TH P		Secretary 02-21-2000 9000			
Principal Place of Business M		Mailing Address	 Mailing Address					
P.O. BOX 24045 FORT LAUDERDALE FL 33307		P.O. BOX 24045 FORT LAUDERDALE FL 33307						
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THE	S SPACE		
City & State		City & State		4. FEI Numbe	901204		plied For t	
Zip	Country	Zip	Country		of Status Desired	\$8.75 Add	litional	
	6. Name and Address of Curre	ent Registered Agent	Name	7. Name and	Address of New Registere	·		
MILLER, EVERAL				Street Address (P.O. Box Number is Not Acceptable)				
17655 SW 6 STREET PEMBROKE PINES FL 33029								
PEMIDHUN	NE PINES EL 33029		City	<u> </u>	F	Zip Code	•	
	FILE NOW: FEE IS \$61.25 ember 13, 2000 min. will be OFFICERS AND	9. Election Camp \$236.25 Trust Fund Cor	ntribution.	\$5.00 May Be Added to Fees	ANGES TO OFFICERS AND	k Payable to nt of State		
IAME STREET ADDRESS	MILLER, EVERAL 17655 SW 6 STREET	Delete	NAME STREET ADDRESS	441 N.E.	Dowell 160 st	, .	7	
City-st-zip Itle	PEMBROKE PINES FL 33029		1 VF /N /) / /	mi Bch FL	33/42 Change	Z B	
IAME STREET ADDRESS CITY-ST-ZIP	FRANCIS, WINSOME 3441 NW 29 STREET.		NAME P	Paldwin 1940-NW Massolo	Francis 29th St. 19 33063			
TTLE	Lauderdale Lakes FL 333(Delete □ Delete		TENNIFER	Limbo Er Run C.E.	R. Change	Addition	
IAME Street Address City-St-Zip			B / / / / / / / / / / / / / / / / / / /	Hiramar	FI 3300.	<u> </u>		
ITLE IAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	2735 NW Suunse 1	iutherland 173 M Ave 1933313	ဲ့နှံ့ Change	Addition	
ITLE IAME ITREET ADDRESS	-	☐ Delete	TITLE SAD E	BETHANY 1000 NW.	POWELL 187 th Ter 15 17 3305	[Change	Addition	
CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	carof W	9, 1-1, 0003.	☐ Change	Addition	
	·				 i) Florida Statutes I further c			

I hereby certify that the information supplied with this filling does not quality 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.

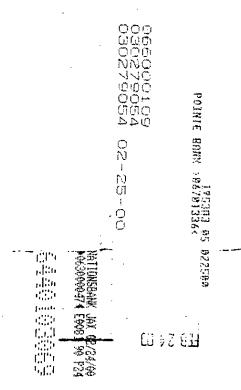
SIGNATURE: /sexe

3050 865-3141

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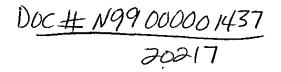
1\$61.25 02-25-0.1 1275 0045000015 CLARENDON COLLEGE ALUMNI ASSOCIATION, INC. SOUTH FLORIDA CHAPTER .06 70 POINTEBANK

DOC# N9900001437



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Clarendon College Alumni Assc. P.O. Box 24045 Ft. Lauderdale, Fl 33307

Re: Annual Report

Tax ID # 65-0901204

To Whom It May Concern:

This report was filed back in February as indicated on the enclosed paid check in the amount of \$61.25 dated 2/14/00.

I have enclosed an updated annual report for the second time. Would you please acknowledge receipt of this current filing?

I can be reached at (305) 698-4129 for any additional questions.

Thank you.

same)

Joinnie Lin

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