8/8/01-90003-0

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State
08-08-2001 90003 018 ****61.25

DOCUMENT # N99000001437

1. Entity Name

CLARENDON COLLEGE ALUMNI ASSOCIATION, INC. SOUTH

Principal Place of Business	Mailing Address
P.O. BOX 24045 FORT LAUDERDALE FL 33307	P.O. BOX 24045 FORT LAUDERDALE FL 33307

DO NOT WRITE IN THIS SPACE

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 65-0901204 ☐ Applied For ☐ Not Applicable

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
MILLER, EVERAL 17655 SW 6 STREET PEMBROKE PINES FL 33029	Name: Hyacinth Broderick-Scott Ed.D. Street Address (P.O. Box Number is Not Acceptable): 7607 Harbour Blvd. City: Miramar FL Zip Code: 33023

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: Hyacinth Broderick-Scott Ed.D. 7-30-01
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
After September 12, 2001, min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DOWELL, BEVERLEY 1441 NE 160TH STREET MIAMI FL 33162	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Hyacinth Broderick-Scott 7607 Harbour Blvd. Miramar FL 33023	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BALDWIN, FRANCIS 7940 NW 29TH STREET MARGATE FL 33063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Jennifer Chambers 1061 NE 36th Street Oakland Park FL ~~33334~~ 33334	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LINDO, JENNIFER 2730 RIVER RUN C.E. MIRAMAR FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Coral Sutherland 2735 NW 73rd Ave. Sunrise FL 33313	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD SUTHERLAND, CORAL 2735 NW 73RD AVE SUNRISE FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD Jennifer Lindo 2730 River Run Circle E. Miramar FL 33025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD POWELL, BETHANY 2000 NW 187TH TERRACE CAROL CITY FL 33053	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Bethany Powell 2000 NW 187th Terrace Carol City FL 33053	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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: SIGNATURE REQUIRED 8/20/01 954-963-3318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #