

8/8/01-90003-0

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001437

1. Entity Name

CLARENDON COLLEGE ALUMNI ASSOCIATION, INC. SOUTH

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-08-2001 90003 018 ****61.25

Principal Place of Business

P.O. BOX 24045
FORT LAUDERDALE FL 33307

Mailing Address

P.O. BOX 24045
FORT LAUDERDALE FL 33307

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0901204

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

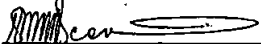
 MILLER, EVERAL
 17855 SW 6 STREET
 PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

 Name Hyacinth Broderick-Scott, Ed.D.
 Street Address (P.O. Box Number is Not Acceptable)
 1607 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 reappointing) 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

TITLE	PD	☒ Delete
NAME	DOWELL, BEVERLEY	
STREET ADDRESS	1441 NE 180TH STREET	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	VD	☒ Delete
NAME	BALDWIN, FRANCIS	
STREET ADDRESS	7940 NW 29TH STREET	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TD	☐ Delete
NAME	LINDO, JENNIFER	
STREET ADDRESS	2730 RIVER RUN C.E.	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	ATD	☐ Delete
NAME	SUTHERLAND, CORAL	
STREET ADDRESS	2735 NW 73RD AVE	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	SD	☐ Delete
NAME	POWELL, BETHANY	
STREET ADDRESS	2000 NW 187TH TERRACE	
CITY-ST-ZIP	CAROL CITY FL 33053	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	Hyacinth Broderick-Scott	
STREET ADDRESS	7607 Harbour Blvd.	
CITY-ST-ZIP	Miramar FL 33023	
TITLE	VD	☒ Change ☐ Addition
NAME	Jennifer Chambers	
STREET ADDRESS	1061 NE 36th Street	
CITY-ST-ZIP	Oakland Park FL 33334 33334	
TITLE	TD	☒ Change ☐ Addition
NAME	Coral Sutherland	
STREET ADDRESS	2735 NW 73rd Ave.	
CITY-ST-ZIP	Sunrise FL 33313	
TITLE	ATD	☒ Change ☐ Addition
NAME	Jennifer Lindo	
STREET ADDRESS	2730 River Run Circle E.	
CITY-ST-ZIP	Miramar FL 33025	
TITLE	SD	☐ Change ☐ Addition
NAME	Bethany Powell	
STREET ADDRESS	2000 NW 187th Terrace	
CITY-ST-ZIP	Carol City FL 33053	
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:

SIGNATURE REQUIRED

 8/25/01 954-963-3318
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C92037 (5/01)