

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000001437**

1. Entity Name

**CLARENDON COLLEGE ALUMNI ASSOCIATION, INC. SOUTH  
FLORIDA CHAPTER**

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 &amp; State

City &amp; 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

**BRODERICK-SCOTT, HYACINTH ED.D  
7607 HARBOUR BLVD.  
MIRAMAR FL 33023**

Name

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

City

**FL**

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRODERICK SCOTT, HYACINTH	
STREET ADDRESS	7607 HARBOUR BLVD.	
CITY-ST-ZIP	MIRAMAR FL 33023	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHAMBERS, JENIFFER	
STREET ADDRESS	1061 NE 28TH STREET	
CITY-ST-ZIP	OAKLAND PARK FL 33334	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linwood Howell	
STREET ADDRESS	2937 SW Varsity Lane	
CITY-ST-ZIP	Pt. St. Lucie, FL 34953	

TITLE	TD	<input type="checkbox"/> Delete
NAME	SUTHERLAND, CORAL	
STREET ADDRESS	2735 NE 73RD AVE.	
CITY-ST-ZIP	SUNRISE FL 33313	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ATD	<input checked="" type="checkbox"/> Delete
NAME	LINDO, JENNIFER	
STREET ADDRESS	2730 RIVER RUN CIRCLE EAST	
CITY-ST-ZIP	MIRAMAR FL 33025	

TITLE	ATD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Smith	
STREET ADDRESS	1304 Braeburn	
CITY-ST-ZIP	North Lauderdale, FL 33068	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	POWELL, BETHANY	
STREET ADDRESS	2000 NW 187TH TERRACE	
CITY-ST-ZIP	CAROL CITY FL 33053	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Winsome Chang	
STREET ADDRESS	2391 SW 83 Avenue	
CITY-ST-ZIP	Miramir FL 33025	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lettie Russell	
STREET ADDRESS	3627 NW 122 Terrace	
CITY-ST-ZIP	Sunrise FL 33323	

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:

**Hyacinth Broderick-Scott, Ed.D. 2/19/02 954-963-3318**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90034 039 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)