

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006125

1. Entity Name

ST. ELIZABETH TECHNICAL HIGH SCHOOL ALUMNI
ASSOCIATION, CENTRAL FLORIDA CHAPTER, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90153 037 *****61.25

Principal Place of Business

Mailing Address

320 North Magnolia Ave
Suite B-8
Orlando, FL 32801

Same

2. Principal Place of Business

1337 Willow Crest Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont, Fl

City & State

4. FEI Number

59-3620973

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0056614

6. Name and Address of Current Registered Agent

Shannon K. Baruch, Esquire
320 North Magnolia Ave, Suite B-8
Orlando, FL 32801

7. Name and Address of New Registered Agent

Name

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

1337 Willow Crest Dr.

City

Clermont

FL

Zip Code

34711

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's 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

TITLE PD
NAME Shannon K. Baruch
STREET ADDRESS 320 N. Magnolia Ave, Ste B-8
CITY-ST-ZIP Orlando FL 32801 ☐ Delete

TITLE VD
NAME Ralph Thompson
STREET ADDRESS 909 Ashwood Court
CITY-ST-ZIP Kissimmee FL 34743 ☐ Delete

TITLE SD
NAME Mabel Kane
STREET ADDRESS 4916 Labrador Lane
CITY-ST-ZIP Orlando, FL 32818 ☐ Delete

TITLE TD
NAME Bruce McMorris
STREET ADDRESS 96 Harness Lane
CITY-ST-ZIP Kissimmee FL 34743 ☐ Delete

TITLE D
NAME Paulette Green-Player
STREET ADDRESS 4557 Oakton Dr
CITY-ST-ZIP Orlando, FL 32818 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS 1337 Willow Crest Dr.
CITY-ST-ZIP Clermont FL 34711 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shannon K. Baruch, Pres. 04/16/01 352-243-5386

Date

Daytime Phone #

CR2E037 (11/00)