

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90175 043 \*\*\*\*\*61.25

**DOCUMENT # N99000006125**

1. Entity Name

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



Principal Place of Business

**1337 WILLOW CREST DRIVE  
CLERMONT FL 34711**

Mailing Address

**1337 WILLOW CREST DRIVE  
CLERMONT FL 34711**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 1485**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**ORLANDO FL 32802**

Zip

Country

Zip

Country

4. FEI Number **59-3620973**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARUCH, SHANNON K  
1337 WILLOW CREST DRIVE  
CLERMONT FL 34711**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARUCH, SHANNON K	
STREET ADDRESS	1337 WILLOW CREST DRIVE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THOMPSON, RALPH O	
STREET ADDRESS	909 ASHWOOD CT.	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCMORRIS, BRUCE	
STREET ADDRESS	96 HARNESS LANE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREEN-PLAYER, PAULETTE	
STREET ADDRESS	4557 OAKTON DR.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SHANNON K. BARUCH** 4/6/03 352-243-5386

CR2E037 (10/02)