

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90008 023 \*\*\*\*61.25

**DOCUMENT # 701488**

1. Entity Name

**THE MIAMI FRIENDS MEETING OF THE RELIGIOUS SOCIE**

Principal Place of Business

Mailing Address

1185 SUNSET ROAD  
 CORAL GABLES FL 33143

1185 SUNSET ROAD  
 CORAL GABLES FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7372958**

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

7. Name and Address of New Registered Agent

**EMERSON, DORIS**  
**914 EAST RIDGE VILLAGE DR**  
**MIAMI FL 33157**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAWSON, JON</b>	
STREET ADDRESS	<b>9830 S.W. 82 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PYRON, DARDEN</b>	
STREET ADDRESS	<b>5634 SW 60 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LANDOWNE, DAVID</b>	
STREET ADDRESS	<b>6926 S.W. 62ND CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>EMERSON, DORIS</b>	
STREET ADDRESS	<b>914 EAST RIDGE VILLAGE DR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOSKINS, WARREN</b>	
STREET ADDRESS	<b>12040 SW 187TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GRANT, GERALDINE</b>	
STREET ADDRESS	<b>1250 S ALHAMBRA CIR APT 11</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Margaret Rodema</b>	
STREET ADDRESS	<b>175 SE 25 Road, #8C</b>	
CITY-ST-ZIP	<b>Miami, FL 33129</b>	

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: *DORIS EMERSON*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305-251-7073**

CR2E037 (10/00)