

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90015 005 \*\*\*\*61.25

**DOCUMENT # 704674**

1. Entity Name

**ANDOVER CIVIC ASSOCIATION, INC.**

Principal Place of Business

1195 NW 203RD ST  
 P O BOX 69-3435  
 MIAMI FL 33169  
 US

Mailing Address

1195 NW 203RD ST  
 P O BOX 69-3435  
 MIAMI FL 33169  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0196187**

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

**JORDAN, ANNIE LOIS**  
 1195 NW 203RD ST  
 P O BOX 69-3435  
 MIAMI FL 33169

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**  
**After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V**  Delete  
 NAME **HUDSON, HORACE**  
 STREET ADDRESS **1131 NW 207TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D**  Change  Addition  
 NAME **YOUNG, CHARLES**  
 STREET ADDRESS **1190 N W. 207th street**  
 CITY-ST-ZIP **Miami, FL 33169**

TITLE **D**  Delete  
 NAME **WATSON, BARBARA**  
 STREET ADDRESS **1240 NW 207TH ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **D**  Change  Addition  
 NAME **LEGGETT, FREDDIE**  
 STREET ADDRESS **20605 N W.15th Ave.**  
 CITY-ST-ZIP **Miami, Fl. 33169**

TITLE **TD**  Delete  
 NAME **JORDAN, ANNIE LOIS**  
 STREET ADDRESS **1195 NW 203RD ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **D**  Change  Addition  
 NAME **GREEN, PATSY**  
 STREET ADDRESS **950 N.W. 203rd St.**  
 CITY-ST-ZIP **Miami, Fl. 33169**

TITLE **P**  Delete  
 NAME **ROBERTS, ERNEST**  
 STREET ADDRESS **1525 NW 203 ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **D**  Change  Addition  
 NAME **BOYKIN, OZIE**  
 STREET ADDRESS **951 N.W. 207th St**  
 CITY-ST-ZIP **Miami, fl. 33169**

TITLE **EX/O**  Delete  
 NAME **GRATE, DONALD**  
 STREET ADDRESS **1245 NW 203 ST.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **D**  Change  Addition  
 NAME **JACKSON, MARY**  
 STREET ADDRESS **740 NW. 207th street**  
 CITY-ST-ZIP **Miami, Fl. 33169**

TITLE **SD**  Delete  
 NAME **JACKSON, PATRICIA**  
 STREET ADDRESS **21031 NE 2ND AVE**  
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D**  Change  Addition  
 NAME **ARRIBAS, MARLENE**  
 STREET ADDRESS **20630 North Miami Ave.**  
 CITY-ST-ZIP **Miami, Fl. 33169**

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: *Annie Lois Jordan* **Annie Lois Jordan** *Treasurer/Director*  
 Date **9/7/2000** Daytime Phone # **305-213-5330**  
**5330**

CR2E037 (5/00)