

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

FILED
03 FEB 24 AM 11:47
TALLAHASSEE, FLORIDA

1082

DOCUMENT # N08870

1. Entity Name

Independent Feature Projects/South,
inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

210 2nd Avenue

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip

33139

Country

U.S.A.

Zip

Country

4. FEI Number

59-2631139

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joanne Butcher

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

3301 NE 5th Avenue, #106

City

Miami

FL

Zip Code

33137

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IN THIS SPACE

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, printed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/27/03
DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Joanne Butcher 3301 NE 5th Avenue, #106 Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair Jerry H. Bell 1019 NE 104th Street Miami Shores, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair Rhonda Mitran 300 Meridian Avenue, #4 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Richard Standifer 1348 Washington Avenue, #147 Miami Beach, FL 33139
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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 on an attachment with an address, with all other lines empowered.

SIGNATURE:

1/27/03



IFP/Miami
210 2nd Street
Miami Beach, FL 33139
(305) 538-8242
www.ifp.org

Date: February 19, 2003

Secretary of State
Division of Corporation
409 East Gaines Street
Tallahassee, FL 32399

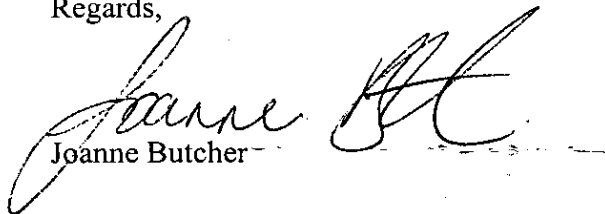
To Whom It May Concern:

As requested, we have made the required corrections to the Uniform Business Report.

We would much appreciate this being expedited in a timely fashion. Should you require any additional information, please feel free to contact me at anytime (305) 751-8118.

Thank you for your assistance in this matter.

Regards,


Joanne Butcher