

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90047 015 ****61.25

DOCUMENT # N51340

1. Entity Name

NEIGHBORS 4 NEIGHBORS, INC.

Principal Place of Business

Mailing Address

C/O WFOR TV
 8900 N.W. 18TH TERRACE
 MIAMI FL 33172
 US

C/C WFOR TV
 8900 N.W. 18TH TERRACE
 MIAMI FL 33172
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0364391

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

CAMERON, LYNNE
8900 N.W. 18TH TERRACE
MIAMI FL 33172

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

Lynne Cameron, Executive Director Lynne Cameron

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/02

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	TD	<input type="checkbox"/> Delete
NAME	FORSHEE, BILL	
STREET ADDRESS	220 MIRACLE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERICKSON, BARBARA	
STREET ADDRESS	109 S E 16TH AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COLE, MARY L	
STREET ADDRESS	22025 SW 87 AVE.	
CITY-ST-ZIP	MIAMI FL 33190	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUBIO, NELLY	
STREET ADDRESS	8900 NW 18TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEDDINGTON, DENNIS	
STREET ADDRESS	351 NE 19 PLACE K203	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PENCE, KYLE	
STREET ADDRESS	800 SE 3RD AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, MARY L	
STREET ADDRESS	22025 SW 87 AVE	
CITY-ST-ZIP	MIAMI, FL. 33190	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIO, NELLY	
STREET ADDRESS	8900 NW 18 TERR	
CITY-ST-ZIP	MIAMI, FL. 33172	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS WEDDINGTON	
STREET ADDRESS	351 NE 19 PLACE K203	
CITY-ST-ZIP	WILTON MANORS, FL. 33305	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENCE, KYLE	
STREET ADDRESS	800 SE 3RD AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL. 33316	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBAINO, JULIO	
STREET ADDRESS	6130 SUNSET DRIVE	
CITY-ST-ZIP	SOUTH MIAMI, FL. 33143	
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:

Lynne Cameron
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)