

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-28-2002 91623 049 ****61.25

DOCUMENT # N94000004833

1. Entity Name

OLD DILLARD FOUNDATION, INC.

Principal Place of Business

Mailing Address

1009 NW 4TH ST
FT LAUDERDALE FL 33311
US

1009 NW 4TH ST
FT LAUDERDALE FL 33311
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

65-0543947

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

CRAWFORD, CARL D
2737 NW 24TH AVE
OAKLAND PARK FL 33311

Name

Levoyd Williams

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

3369 NW 21 Street

City

Lauderdale Lakes

FL

Zip Code

33311

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

Levoyd Williams

4/29/2002

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
CRAWFORD, CARL D
2737 NW 24TH ST
OAKLAND PARK FL 33311 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P D
Levoyd Williams
3369 NW 21 Street
Lauderdale Lakes, FL 33311 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STRIGGLES-HORNE, EARLENE
3321 FARRAGUT ST # E
HOLLYWOOD FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V D
Raleigh R. Rawls
1024 NW 6 Street
Ft. Lauderdale, FL 33311 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRADLEY, JAMES D
1480 NW 33 AVENUE
FORT LAUDERDALE FL 33311 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S D
Rhonda Reid
4517 NW 74 Ave.
Coral Springs, FL 33065 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T D
Larry Striggles
4046 NW 19 Street, #206
Lauderhill, FL 33313 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Levoyd Williams

4/29/2002 (954) 535-2730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)