

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90097 015 ****70.00

DOCUMENT # N95000004978

1. Entity Name

THE JUBILEE CENTER OF SOUTH BROWARD, INC.

Principal Place of Business

1704 BUCHANAN ST.
 HOLLYWOOD FL 33020

Mailing Address

1704 BUCHANAN STREET
 HOLLYWOOD FL 33020-4030
 US

0 2 2 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0609182

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, FREDERICK E
 5300 NW 7TH COURT
 MIAMI FL 33127

7. Name and Address of New Registered Agent

Name Joyce Burney
 Street Address (P.O. Box Number is Not Acceptable) 616 SW 5th Ct.
 City Hallandale, FL Zip Code 33009

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 Joyce Burney Joyce Burney Treasurer 3/1/2000
Signature typed or printed name of registered agent and title, 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

TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, LUCY	
STREET ADDRESS	738 S W 3RD STREET	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	T	<input type="checkbox"/> Delete
NAME	BURNEY, JOYCE	
STREET ADDRESS	616 S W 5TH COURT	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, FREDERICK E	
STREET ADDRESS	5300 NW 7TH COURT	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, WILLIAMSON	
STREET ADDRESS	3102 HOLLYWOOD BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, SARAH	
STREET ADDRESS	1420 SW 104 AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMALL, NORMA	
STREET ADDRESS	3812 N. CIR. DR.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adrienne Waldron	
STREET ADDRESS	2000 Jefferson St #15	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mathew Faulstich	
STREET ADDRESS	1704 Buchanan St	
CITY-ST-ZIP	Hollywood, FL 33009	

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: Joyce Burney 3/1/2000 954-456-2394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)