

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90158 033 \*\*\*\*70.00

**DOCUMENT # N97000001641**

1. Entity Name

**WORLD LITERACY CRUSADE OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

7338 PEPPER PIKE DRIVE  
 MIAMI FL 33015

P.O. BOX 693956  
 MIAMI FL 33269

2. Principal Place of Business

**215 N. Perviz Avenue**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Opa-Locka, Florida**

City & State

4. FEI Number

**65-0737649**

Applied For

Not Applicable

Zip

**33054**

Country

**U.S.**

Zip

Country

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

**CAMPBELL, THEMA**  
**7338 PEPPER PIKE DRIVE**  
**MIAMI FL 33015**

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**

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CAMPBELL, THEMA</b>
STREET ADDRESS	<b>7338 PEPPER PIKE DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33015</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CARTER, LATRISHA</b>
STREET ADDRESS	<b>7338 PEPPER PIKE DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33015</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>HAYNES, EDWARD L</b>
STREET ADDRESS	<b>7338 PEPPER PIKE DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33015</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>215 N. Perviz Avenue</b>
CITY-ST-ZIP	<b>Opa-Locka, FL 33054</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>215 N. Perviz Avenue</b>
CITY-ST-ZIP	<b>Opa-Locka, FL 33054</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Claude He Cannon</b>
STREET ADDRESS	<b>215 N. Perviz Avenue</b>
CITY-ST-ZIP	<b>Opa-Locka, FL 33054</b>
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	

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 reports 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/00**

Date

**305 333 7546**

Daytime Phone #

CR2E037 (9/99)