

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000002437**

1. Entity Name  
**DOMESTIC VIOLENCE INTERVENTIONS OF FLORIDA, INC.**

Principal Place of Business 18051 SW 11TH CT  HOLLYWOOD FL 33029	Mailing Address 18051 SW 11TH CT  HOLLYWOOD FL 33029
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2. Principal Place of Business 18051 SW 11TH CT Suite, Apt. #, etc.	3. Mailing Address 18051 SW 11TH CT Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PEMBROKE PINES FL	City & State PEMBROKE PINES FL	4. FEI Number <b>65-0773247</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 33029	Country	Zip 33029	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

DEARR CRAIG R  
 TWO DATRAN CENTER-SUITE 1609  
 9130 S. DADELAND BLVD.  
 MIAMI FL 33156

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE **04/30/2001**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B ARNOLD ERICK-MICHEAL 18051 SE 11TH CT HOLLYWOOD FL 33029 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACKS ANTHONY "FELIX" 2495 ALI BABA AVE. OPA LOCKA FL 33054 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOMER V 2000 CAMPBELTON RD SW 206 ATLANTA GA 33011 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUSSELN M M 25 NW 43 TER PLANTATION FL 33015 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Therese Homer **D** **04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)

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**THERESE HOMER, CHIEF EXECUTIVE OFFICER  
18051 SW 11TH CT**

**PEMBROKE PINES, FLORIDA 33029**

**ERIK-MICHAEL ARNOLD  
18051 SW 11TH CT.**

**PEMBROKE PINES, FLORIDA 33029**

**VERN HOMER, DIRECTOR  
4050 MORGAN RD. #34**

**UNION CITY, GA. 30291**

**ERIK-MICHAEL ARNOLD  
18051 SW 11TH CT.**

**VERN HOMER, DIRECTOR  
4050 MORGAN RD. #34**

**UNION CITY, GA. 30291**