

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90054 004 ****61.25

DOCUMENT # N94000003564

1. Entity Name

ONE UNITED BAND, THE EDISON LINKAGE FOUNDATION,

Principal Place of Business

1601 SOUTH MIAMI AVENUE
MIAMI FL 33129

Mailing Address

1601 SOUTH MIAMI AVENUE
MIAMI FL 33129-1103

913597

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0507958

Not

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Charles N. Keye

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

5411 S.W. 39th Avenue

City

Ft. Lauderdale

FL

Zip Code

3331

KEYE, CHARLES N
2435 HOLLYWOOD BLVD
SUITE 202
HOLLYWOOD FL 33131

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 X

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | GRAHAM, ADELE | |
| STREET ADDRESS | 14814 BRECKNESS PLACE | |
| CITY-ST-ZIP | MIAMI LAKES FL 33016 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Change |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | VPDS | <input type="checkbox"/> Delete |
| NAME | MOORE MCCABE, ARVA | |
| STREET ADDRESS | 1601 S. MIAMI AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33129 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Change |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | KEYE, CHARLES N | |
| STREET ADDRESS | 2435 HOLLYWOOD BLVD STE 202 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |

| | | |
|----------------|---------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change |
| NAME | | |
| STREET ADDRESS | 5411 S.W. 39th Ave | |
| CITY-ST-ZIP | FT. LAUDERDALE, FLA 33312 | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILLIAMSON, CAROL F | |
| STREET ADDRESS | 5501 SW 101ST STREET | |
| CITY-ST-ZIP | MIAMI FL 33156 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Change |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COONEY, JAMES J | |
| STREET ADDRESS | 1811 ATLANTIS PLACE | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Change |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Change |
| 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 11, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/31/2000 (954) 985-1111