

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90039 005 ****70.00

DOCUMENT # 712996

1. Entity Name
ECONOMIC OPPORTUNITY FAMILY HEALTH CENTER, INC.

Principal Place of Business 5361 N.W. 22ND AVE. MIAMI FL 33142	Mailing Address 5361 N.W. 22ND AVE. MIAMI FLA 33142-8035
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 700 S. Royal Poinciana Blvd. Suite, XXXXXX 300	3. Mailing Address 700 S. Royal Poinciana Blvd. Suite, XXXXXX 300
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City & State Miami Springs, FL	City & State Miami Springs, FL	4. FEI Number 59-1235617	Applied For <input type="checkbox"/> Not Applicable
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Zip 33166	Country U. S. A.	Zip 33166	Country U.S. A.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CLYNE, REGINALD J
2600 DOUGLAS ROAD
DOUGLAS CENTRE - PH2
CORAL GABLES FL 33134

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	CD MAJOR, FR. J. K 5361 N.W. 22ND AVE MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOUISSAINT, BEATRICE 5361 N.W. 22ND AVE. MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COD SIMPSON, GEORGE M 5361 NW 22ND AVE MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEATTY, PRISCILLA 5361 NW 22ND AVE MIAMI FL <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	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Paul Roberts 700 S. Royal Poinciana Blvd, Suite 300 Miami Springs, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Chairman <input type="checkbox"/> Change <input type="checkbox"/> Addition Victor T. Curry 700 S. Royal Poinciana Blvd, Suite 300 Miami Springs, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairperson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Beatty, Priscilla 700 S. Royal Poinciana Blvd, Suite 300 Miami Springs, FL 33166
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)(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: *FRANCIS MAJOR* **REQUIRE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/4/00** Daytime Phone #: **305/835-6220**

C:\R2E037 (9/99)