

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717172

1. Entity Name

HALLANDALE COMMUNITY COUNCIL SCHLARSHIP FUND, IN

Principal Place of Business

1117 E. HALLANDALE BEACH BLVD., STE 5
HALLANDALE FL 33009
US

Mailing Address

% P.O. BOX 249
HALLANDALE BEACH FL 33008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7087801

Applied For

Not Applicable

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

HIBBITTS, CYNTHIA

1117 E. HALLANDALE BEACH BLVD., STE 5
HALLANDALE FL 33009

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 VD
NAME HOISINGTON, MILDRED
STREET ADDRESS 123 MARINE CIR
CITY-ST-ZIP PEMBROKE PARK FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME OWEN, CAROL R
STREET ADDRESS 1000 E. BEACH BLVD.
CITY-ST-ZIP HALLANDALE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME HIBBITTS, CYNTHIA J
STREET ADDRESS 1117 E. HALLANDALE BEACH BLVD., STE 5
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME GREAVES, ROBERT H
STREET ADDRESS 20921 N.E. 24TH CT
CITY-ST-ZIP N. MIAMI BEACH FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of 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 an other line empowered.

SIGNATURE:

Cynthia Hibbitts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90193 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)