

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718616

1. Entity Name

TRI-COUNTY CHAPTER OF THE NATIONAL BUSINESS LEAG

Principal Place of Business

771 NW 22 ROAD  
FT LAUDERDALE FL 33311

Mailing Address

771 NW 22 ROAD  
FT LAUDERDALE FL 33311-6884

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7099604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, LUTHER D.  
771 N.W. 22ND ROAD  
FT. LAUDERDALE FL

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

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 TO ☐ Delete  
NAME MIZELL, IDA  
STREET ADDRESS 841 S.W. AVENUE B  
CITY-ST-ZIP BELLE GLADE FL

TITLE VP ☐ Delete  
NAME NELSON, NORRIS  
STREET ADDRESS 1225 PALM BCH LKS BLVD  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE SD ☐ Delete  
NAME BUSH, EDITH  
STREET ADDRESS 1444 - 8TH STREET  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE PO ☐ Delete  
NAME MERRITT, VIRGINIA  
STREET ADDRESS 2710 NW 24TH COURT  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE CHD ☐ Delete  
NAME JACKSON, LUTHER D.  
STREET ADDRESS 771 NW 22ND ROAD  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VCD ☐ Delete  
NAME SCRUGGS, RICHMOND  
STREET ADDRESS 600 S. FEDERAL HWY  
CITY-ST-ZIP DEARFIELD BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 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: *Luther D. Jackson* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luther D. Jackson

5/16/2000

954-581-2916

Date

Daytime Phone #

FILED  
May 31, 2000 8:00 am  
Secretary of State

05-31-2000 90039 001 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)