

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731379

1. Entity Name

URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90175 001 \*\*\*\*70.00

Principal Place of Business

Mailing Address

ELEVEN NORTHWEST 36TH AVENUE  
FORT LAUDERDALE FL 33311

ELEVEN NORTHWEST 36TH AVENUE  
FORT LAUDERDALE FL 33311-8330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1564384

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

BOWEN, DONALD  
11 NW 36TH AVE  
FT. LAUDERDALE FL 33311

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	D	<input type="checkbox"/> Delete
NAME	GREMILLION, ROBERT	
STREET ADDRESS	200 E LAS OLAS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLAIN, WAYNE	
STREET ADDRESS	100 S. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ONEIL, JOHN	
STREET ADDRESS	1451 NW 62ND ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ADAMS, PAMELA	
STREET ADDRESS	303 SE 17TH STREET S-406	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BACON, MARY ANN	
STREET ADDRESS	8750 DORAL BLVD	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOWEN, DONALD E	
STREET ADDRESS	11 NW 36 AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Donald E. Bowen*  
Donald E. Bowen

2-18-00

514.584.1061

CR2E037 (9/99)