2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 731379

1. Entity Name

URBAN LEAGUE OF BROWARD COUNTY, INCORPORATED



Mar 24, 2003 8:00 am **Secretary of State** 03-24-2003 91019 022 ****70.00

FILED

Principal Place of Business Mailing Address **ELEVEN NORTHWEST 36TH AVENUE ELEVEN NORTHWEST 36TH AVENUE** FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-1564384 Applied For City & State Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BOWEN, DONALD** Street Address (P.O. Box Number is Not Acceptable) 11 NW 36TH AVE FT. LAUDERDALE FL 33311 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition D/T Delete TITLE TITLE JONES, SEAN NAME STREET ADDRESS STREET ADDRESS 540 NW 4TH AVE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Change ☐ Addition ☐ Delete TITLE TITLE WILLIAMS, THOMASINA NAME NAME 80 SW 8TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33130** Change Addition **D**elete TITLE TITLE ADAMS, PAMELA NAME NAME STREET ADDRESS 303 SE 17TH STREET S-406 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change Addition ☐ Delete TITLE TITLE BOWEN, DONALD E NAME NAME STREET ADDRESS 11 NW 36 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Addition ☐ Delete TITI F Change TITLE WILLIAMS LEVI NAME NAME 200 S.E. 13 ST. STREET ADDRESS STREET ADDRESS 333/6 FT. LAUDERDALE, CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 eceiver or fustee empowered to effect 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