

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733162

1. Entity Name

THE NEIGHBORHOOD OUTREACH, INC. ✓

Principal Place of Business

7806 NW 7 AVE.
MIAMI FL 33150-3268

Mailing Address

7806 NW 7 AVE.
MIAMI FL 33150-3268

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

59-1643377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, HULLIE M
7806 NW 7 AVE.
MIAMI FL 33150

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
After September 13, 2000 min. will be \$236.25

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
D
SCOTT, HULLIE MAE
7806 NW 7 AVE.
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BALLARD, ANDREA S.
4101 N W 190TH STREET
CAROL CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
PRIDGEN, CATHERINE
2841 NW 173RD TERR
OPA-LOCKA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BALLARD, CHRISTINE
4101 N.W. 190 ST.
OPA LOCKA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ANDERSON, CHERYL S.
3441 NW 173RD TERR
OPA LOCKA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ANDERSON, THOMAS
3441 N W 173TH TERR
CAROL CITY FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90024 028 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)