

2001 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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 D ☐ Delete
NAME SCOTT, HULLIE MAE
STREET ADDRESS 7806 NW 7 AVE.
CITY-ST-ZIP MIAMI FL

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

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

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

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

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

TITLE ☐ Change ☐ Addition
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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 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:

HULLIE M SCOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90038 047 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

4-30-01