

# 2002 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

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	<input type="checkbox"/> Delete
NAME	SCOTT, HULLIE MAE	
STREET ADDRESS	7806 NW 7 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALLARD, ANDREA S.	
STREET ADDRESS	4101 N W 190TH STREET	
CITY-ST-ZIP	CAROL CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PRIDGEN, CATHERINE	
STREET ADDRESS	2841 NW 173RD TERR	
CITY-ST-ZIP	OPA-LOCKA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BALLARD, CHRISTINE	
STREET ADDRESS	4101 N.W. 190 ST.	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, CHERYL S.	
STREET ADDRESS	3441 NW 173RD TERR	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	VD	<input type="checkbox"/> 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	<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	
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	
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:

Hullie Mae Scott

March 18, 2002

FILED  
Mar 28, 2002 8:00 am  
Secretary of State

03-28-2002 90135 014 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)