

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90204 024 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 736962**

1. Entity Name  
**HOMESTEAD COMMUNITY CONCERT ASSOCIATION, INC.**

Principal Place of Business <b>830 N. KROME AVE.          335 NW 20TH ST.          HOMESTEAD FL 33030</b>	Mailing Address <b>P.O. BOX 901082          HOMESTEAD FL 33090-1082</b>
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2. Principal Place of Business <b>18001 SW 285 ST</b> Suite, Apt. #, etc.	3. Mailing Address <b>18001 SW 285 ST</b> Suite, Apt. #, etc.
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City & State <b>Homestead, Fl.</b>	City & State <b>Homestead, Fl.</b>	4. FEI Number <b>59-1738397</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33030</b>	Country <b>DADE</b>	Zip <b>33030</b>	Country <b>DADE</b>

6. Name and Address of Current Registered Agent

**ALGER, JOLAYNE**  
**18001 SW 285 ST**  
**HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent

Name: **Jolayne Rena Alger**  
 Street Address (P.O. Box Number is Not Acceptable): **18001 S.W. 285 St**  
 City: **Homestead** FL Zip Code: **33030**

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: Jolayne Alger Trust Jolayne Alger DATE: 1-10-2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ALGER, JOLAYNE 18001 SW 285 ST. HOMESTEAD FL 33030</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ELLEN, SANFORD 2567 SE 7 CT HOMESTEAD FL 33030</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RUTZKE, SUZANNE 18300 SW 280 ST. HOMESTEAD FL 33031</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D KING, ROSE D. 2509 S.E. 20TH PLACE HOMESTEAD FL 33035</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2V HARRIS, NAKITA 19425 SW 312 ST HOMESTEAD FL 33030</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD BASSAGE, VIRGINIA 19425 SW 312 ST HOMESTEAD FL 33030</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jolayne Alger DATE: 1-10-2000 Daytime Phone #: 305-247-6261  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)