

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741656

1. Entity Name

SPECIALIZED URBAN MINISTRIES, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90144 043 ****68.00

Principal Place of Business

101 SE 3RD AVE
FT. LAUDERDALE FL 33301

Mailing Address

101 SE 3RD AVE
FT. LAUDERDALE FL 33301-1920

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1299517

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CRAWFORD, WILLIAM G., JR.
315 SE 7TH ST STE 303
FT LAUDERDALE FL 33301

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
NAME: MAGYAR, PATRICIA
STREET ADDRESS: 101 SE 3RD AVE.
CITY-ST-ZIP: FT LAUDERDALE FL 33301 ☒ Delete

TITLE: VPD
NAME: LEWIS, EVELYN
STREET ADDRESS: 426 N W 9 AVENUE
CITY-ST-ZIP: FT LAUDERDALE FL ☐ Delete

TITLE: TD
NAME: MCMILLAN, CHUCK
STREET ADDRESS: 2139 NE 56TH PLACE
CITY-ST-ZIP: FT. LAUDERDALE FL 33308 ☒ Delete

TITLE: PD
NAME: CHILDERS, LINDA
STREET ADDRESS: 2451 NE 49TH ST
CITY-ST-ZIP: FT. LAUDERDALE FL 33308 ☒ Delete

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Vice President/Director
NAME: Hazel Campbell
STREET ADDRESS: 7309 Forest Boulevard
CITY-ST-ZIP: No. Lauderdale, Florida 33068 ☐ Change ☒ Addition

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

TITLE: Treasurer/Director
NAME: Verna Clair
STREET ADDRESS: 4340 S.W. 93rd Ave.
CITY-ST-ZIP: Davie, Florida 33328 ☒ Change ☐ Addition

TITLE: President/Director
NAME: Carol Kuhney
STREET ADDRESS: 1800 N. 54th Ave.
CITY-ST-ZIP: Hollywood, Florida 33021 ☒ Change ☐ Addition

TITLE: Secretary/Director
NAME: Dolores O'Hara
STREET ADDRESS: 5821 N.E. 17th Ave.
CITY-ST-ZIP: Fort Lauderdale, Florida 33334 ☐ Change ☒ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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 of Secretary

3/24/00

954-443-2823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #