

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741720

1. Entity Name

TRI-CITY COMMUNITY ASSOCIATION, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90123 009 ****70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
5800 N W 7TH AVENUE 212 MIAMI FL 33142 US		5800 N W 7TH AVENUE 212 MIAMI FL 33127-1100 US	
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	59-1848656	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BARRETT, IVAN 1137 N.W. 40TH ST. MIAMI FL 33127

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, MARY W 1601 N.W. 56TH STREET MIAMI FL 33142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD FORD, LARUE 19035 N.W. 54TH STREET MIAMI FL 33055 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD BARRETT, IVAN 1137 N.W. 40TH STREET MIAMI FL 33127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORTER, CLARA 287 N.W. 58TH STREET MIAMI FL 33142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEARS, ESTELLE M 915 ARENA BLVD MIAMI FL 33136 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED HICKS, DOROTHY R 5800 NW 7TH AVE MIAMI FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President LaRue Ford 19035 NW 54th Place Miami, FL 33055 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st Vice-President Mark Dozier 3411 Charleston Blvd. Ft. Lauderdale, FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice-President Dr. Preston Marshall 900 NW 58th Street Miami, Florida 33142 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Ivan Barrett 1137 NW 40th Street Miami, Florida 33127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Alvin Smith 6600 NW 27th Avenue Miami, Florida 33147 <input checked="" 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: Dorothy R. Hicks 1/28/00 305-757-0955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)