

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746844

1. Entity Name

MIAMI/BAHAMAS GOOMBAY FESTIVAL IN COCONUT GROVE.

Principal Place of Business

3430 WILLIAM AVE.
P O BOX 330052
MIAMI FL 33133

Mailing Address

3430 WILLIAM AVE.
P O BOX 330052
MIAMI FL 33133-5836

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

59-1916996

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, DOROTHY P.
3459 PERCIVAL AVENUE
MIAMI FL 33133

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME LEE, DOROTHY P
STREET ADDRESS 3459 PERCIVAL AVE
CITY-ST-ZIP MIAMI FL

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

TITLE TD ☒ Delete
NAME BENTLEY, TWYMAN
STREET ADDRESS 10331 S.W. 107TH ST.
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Change ☒ Addition
NAME TD MARSHA EVANS JACKMAN
STREET ADDRESS 18480 S.W. 77TH COURT
CITY-ST-ZIP MIAMI, FL. 33157

TITLE D ☐ Delete
NAME SANDS, ERNEST M
STREET ADDRESS 6061 S.W. 63RD CT
CITY-ST-ZIP MIAMI FL

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

TITLE CD ☐ Delete
NAME ROLLE, FRANKIE S
STREET ADDRESS 3430 WILLIAM AVE.
CITY-ST-ZIP MIAMI FL

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

TITLE VPD ☐ Delete
NAME JENNINGS, MILES C. JR.
STREET ADDRESS 3471 OAK AVE
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete
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: Dorothy P. Lee Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000 (305)448-9501

Date

Daytime Phone #

CR2E037 (9/99)