

2000 UNIFORM BUSINESS REPORT (UBR)

3/16/00-90096-021-\$70.00-\$70.00

DOCUMENT # 757186

1. Entity Name

THE URBAN LEAGUE HOUSING CORPORATION OF GREATER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -3 AM 10: 03

Principal Place of Business 8500 N.W. 25TH AVENUE MIAMI FL 33147	Mailing Address 8500 N.W. 25TH AVENUE MIAMI FL 33147-4177
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2097700	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAIR, T. WILLARD
8500 N.W. 25TH AVENUE
MIAMI FL FL 33147

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 _____ (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 NAME PD FAIR, T. WILLARD STREET ADDRESS 8500 N.W. 25TH AVENUE CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME DC HIGH, JOSHUA STREET ADDRESS 8500 N.W. 25TH AVENUE CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME DS PHILLIPS, CEASAR STREET ADDRESS 8500 N.W. 25TH AVENUE CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME S HARRIS, SUSAN R. STREET ADDRESS 8500 N.W. 25TH AVE. CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 checked="" 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: *[Signature]* **SIGNATURE REQUIRED** 2/24/00 (305) 696-4450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/99)