

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771228

1. Entity Name

OVERTOWN ADVISORY BOARD, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90088 042 \*\*\*\*\*61.25

0038391

Principal Place of Business

300 BISCAYNE BLVD. WAY  
SUITE 430  
MIAMI FL 33131  
US

Mailing Address

300 BISCAYNE BLVD. WAY  
SUITE 430  
MIAMI FL 33131  
US

2. Principal Place of Business

1490 NW 3 Ave

Suite, Apt. #, etc.  
104

City & State

Miami, Fl.

Zip  
33136

Country  
Miami Dade

3. Mailing Address

1490 NW. 3 Ave

Suite, Apt. #, etc.  
104

City & State

Miami, Fl.

Zip  
33136

Country  
Miami Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2727708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LLOYD, LEROY  
1811 N.W. 4TH COURT  
MIAMI FL 33136

7. Name and Address of New Registered Agent

Name  
Irby McKnight

Street Address (P.O. Box Number is Not Acceptable)  
1600 NW 3rd Avenue

City Miami

FL

Code  
33136

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 Irby McKnight, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

1/26/01

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 ☒ Delete  
NAME LLOYD, FR. LEROY  
STREET ADDRESS 1811 N.W. 4TH COURT  
CITY-ST-ZIP MIAMI FL 33136

TITLE D ☒ Delete  
NAME FLOWERS, CHARLES  
STREET ADDRESS 1000 N.W. RIVER DRIVE  
CITY-ST-ZIP MIAMI FL 33136

TITLE D ☒ Delete  
NAME WELCH, GENEITA  
STREET ADDRESS 3095 N.W. 53RD STREET  
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Irby McKnight "D" ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1600 NW 3rd Avenue  
CITY-ST-ZIP Miami, FL 33136

TITLE Dorothy Fields-Jenkins "D" ☒ Change ☐ Addition  
NAME Joseph Caleb Center  
STREET ADDRESS 5400 NW 22nd Avenue  
CITY-ST-ZIP Miami, FL 33142

TITLE Deborah Crawford "T" ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1490 NW 3rd Avenue  
CITY-ST-ZIP Miami, FL 33136

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

TITLE ☐ Change ☐ Addition  
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: Irby McKnight

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01

Date

Daytime Phone #

CR2E037 (10/00)