

2001 UNIFORM BUSINESS REPORT (UBR)

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

0038391

DOCUMENT # 771228

1. Entity Name

OVERTOWN ADVISORY BOARD, INC.

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

Principal Place of Business

Mailing Address

**300 BISCAYNE BLVD. WAY
 SUITE 430
 MIAMI FL 33131
 US**

**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**

Irby McKnight

1/26/01

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

(NOTE: Registered Agent signature required when registering)

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

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

TITLE **"T"** Change Addition
 NAME **Deborah Crawford**
 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**

Irby McKnight 1/26/01

Date

Daytime Phone #

(305) 573-8217

CR2E037 (10/00)