


**FILED**  
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**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000006579

1. Corporation Name  
URBAN ASSISTANCE CORPORATION

Principal Place of Business  
5908 CLYDESDALE PLACE  
ORLANDO FL 32822

Mailing Address  
5908 CLYDESDALE PLACE  
ORLANDO FL 32822

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

9. Name and Address of Current Registered Agent  

HAYNES, MICHAEL  
5908 CLYDESDALE PLACE  
ORLANDO FL 32822

81 Name  
82 Street Address  
83  
84 City

11: Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS  

TITLE D  
NAME DUPREE, JACKIE  
STREET ADDRESS 2104 EAST 28TH AVE  
CITY-ST-ZIP TAMPA FL 33605

TITLE D  
NAME GARCIA, BEVERLY  
STREET ADDRESS 2504 EAST CHIPCO AVE  
CITY-ST-ZIP TAMPA FL 33605

TITLE D  
NAME CLARK, HAROLD  
STREET ADDRESS 2103 N HAROLD AV  
CITY-ST-ZIP TAMPA FL 33607

TITLE P  
NAME HAYNES, MICHAEL  
STREET ADDRESS 2602 EAST 21ST AVENUE  
CITY-ST-ZIP TAMPA FL 33605

TITLE V  
NAME HORNE, ANNIE J  
STREET ADDRESS 6302 WOODSPRAY LANE  
CITY-ST-ZIP TAMPA FL 33617

TITLE S  
NAME BARBONE, MICHAEL J  
STREET ADDRESS 8910 N. DALE MABRY HIGHWAY  
CITY-ST-ZIP TAMPA FL 33614

13.  

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E037 (5/99)