

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 09, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000000073**  
 1. Entity Name  
**FLORIDA CONFERENCE ON DIVERSITY AND DISPARITY, INC.**

Principal Place of Business 3254 NORTHWEST 43RD PLACE  OAKLAND PARK FL 33309	Mailing Address 3254 NORTHWEST 43RD PLACE  OAKLAND PARK FL 33309
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number  
**65-0974015**  
 Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134 US

**7. Name and Address of New Registered Agent**  
 Name  
 MITCHELL KEVIN CD  
 Street Address (P.O. Box Number is Not Acceptable)  
 3254 NORTHWEST 43RD PLACE  
 City OAKLAND PARK FL Zip Code 33309

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 KEVIN MITCHELL DATE 09/09/2001  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANGER-GREEN DENISE 5025 NW 36TH STREET, APT. G-205 LAUDERDALE LAKES FL 33319 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS JASON 1020 NW 24TH TERRACE FT. LAUDERDALE FL 33311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE ALLEN 1909 NW 3RD COURT FT. LAUDERDALE FL 33311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MITCHELL KEVIN L 2119 DAVIE BLVD., APT. 227 FT. LAUDERDALE FL 33311 <input 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 CD MITCHELL KEVIN 3254 NW 43RD PLACE FT. LAUDERDALE FL 33309 <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)(f), 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:** Kevin Mitchell CD 09/09/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)