

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	Mailing Address
3254 NORTHWEST 43RD PLACE	3254 NORTHWEST 43RD PLACE
OAKLAND PARK FL 33309	OAKLAND PARK FL 33309

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
65-0974015Applied 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 AgentSPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE

CORAL GABLES FL 33134 US

7. Name and Address of New Registered AgentName
MITCHELL KEVIN CDStreet Address (P.O. Box Number is Not Acceptable)
3254 NORTHWEST 43RD PLACECity FL Zip Code
OAKLAND PARK 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****09/09/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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 <input type="checkbox"/> Delete
NAME	GRANGER-GREEN DENISE
STREET ADDRESS	5025 NW 36TH STREET, APT. G-205
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319
TITLE	D <input type="checkbox"/> Delete
NAME	THOMAS JASON
STREET ADDRESS	1020 NW 24TH TERRACE
CITY-ST-ZIP	FT. LAUDERDALE FL 33311
TITLE	D <input type="checkbox"/> Delete
NAME	LEE ALLEN
STREET ADDRESS	1909 NW 3RD COURT
CITY-ST-ZIP	FT. LAUDERDALE FL 33311
TITLE	CD <input type="checkbox"/> Delete
NAME	MITCHELL KEVIN L
STREET ADDRESS	2119 DAVIE BLVD., APT. 227
CITY-ST-ZIP	FT. LAUDERDALE FL 33311
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL KEVIN
STREET ADDRESS	3254 NW 43RD PLACE
CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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

Daytime Phone #

CR2E037 (11/00)