

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90197 038 \*\*\*\*61.25

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

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 **65-0974015**

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

7. Name and Address of New Registered Agent

MITCHELL, KEVIN CD  
 3254 NORTHWEST 43RD PLACE  
 OAKLAND PARK FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*[Handwritten Signature]*

Kevin L. Mitchell

4/10/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **CD MITCHELL, KEVIN**  
 STREET ADDRESS **3254 NW 43RD PLACE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D LEE, ALLEN**  
 STREET ADDRESS **1909 NW 3RD COURT**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D THOMAS, JASON**  
 STREET ADDRESS ~~1020 NW 24TH TERRACE~~  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D GRANGER-GREEN, DENISE**  
 STREET ADDRESS **5025 NW 36TH STREET, APT. G-205**  
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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:

*[Handwritten Signature]* Kevin L. Mitchell

4/10/02 (954) 714-0063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)