

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000729

1. Entity Name

MENTORING WORKS/JRC, INC.

Principal Place of Business

273 NW 80TH TERRACE  
MARGATE FL 33063

Mailing Address

273 NW 80TH TERRACE  
MARGATE FL 33063

2. Principal Place of Business

6060 SW 7 ST

Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

MARGATE FL

City & State

MARGATE FL

Zip

33068

Country

USA

Zip

33068

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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	PD	<input type="checkbox"/> Delete
NAME	GRANT, DENNIS D	
STREET ADDRESS	PO BOX 770263	
CITY-ST-ZIP	CORAL SPRINGS FL 33077	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRANT, YVONNE D	
STREET ADDRESS	PO BOX 770263	
CITY-ST-ZIP	CORAL SPRINGS FL 33077	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT, DELANO D	
STREET ADDRESS	PO BOX 770263	
CITY-ST-ZIP	CORAL SPRINGS FL 33077	
TITLE	D	<input type="checkbox"/> Delete
NAME	CREARY, MARVA	
STREET ADDRESS	11985 NW 12TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCLEAN, BEVERLY	
STREET ADDRESS	159 SAN REMO BLVD	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	BARBARA HARRIS	<input type="checkbox"/> Delete
NAME	6060 SW 7 ST	
STREET ADDRESS	MARGATE, FL 33068	
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
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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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-968-7335

FILED  
May 17, 2001 8:00 am  
Secretary of State

04-25-2001 90131 024 \*\*\*\*61.25

43434



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

Dennis D. Gant- President  
P.O. Box 770263  
Coral Springs FL 33077

Yvonne D. Grant-Vice President  
P.O. Box 770263,  
Coral Springs FL 33077

Delano D. Grant- Director  
P.O. Box 770263,  
Coral Springs FL 33077

Marva Creary- Director  
11985 NW 12<sup>th</sup> Street,  
Pembroke Pines LF 33026

Beverley McLean- Secretary/Treasurer.  
159 San Remo Blvd.  
N. Lauderdale FL 33068

Carlos Harris-Director  
6060 S 7<sup>th</sup> Street,  
Margate FL 33068

Attn: Hackmat  
43934  
#1V00060000729