

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90040 041 ****70.00

DOCUMENT # N00000003141

1. Entity Name

LUMPKIN FAMILY FELLOWSHIP FOUNDATION, INC.

Principal Place of Business

Mailing Address

**99 NW 183 STREET
 SUITE 234
 MIAMI FL 33169**

**99 NW 183 STREET
 SUITE 234
 MIAMI FL 33169**

2. Principal Place of Business

3. Mailing Address

POST OFFICE BOX 5175

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

Country

33014

USA

4. FEI Number

65-1007629

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

**WOODEN, JACQUELYN L ESQ.
 99 NW 183 STREET
 SUITE 234
 MIAMI FL 33169**

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 **JACQUELYN L. WOODEN, ESQ.**

01/31/2001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **LUMPKIN, EARL L SR.**
 STREET ADDRESS **20107 NW 58 PL**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **D** ☐ Change ☒ Addition
 NAME **LUMPKIN, EARL L. II**
 STREET ADDRESS **20107 NW 58 PL**
 CITY-ST-ZIP **HIALEAH, FL. 33015**

TITLE **D** ☐ Delete
 NAME **LUMPKIN PERKINS, BETTY**
 STREET ADDRESS **18825 NW 55 AVE.**
 CITY-ST-ZIP **MIAMI FL 33056**

TITLE **D** ☐ Change ☒ Addition
 NAME **JOHN A. LUMPKIN**
 STREET ADDRESS **5711 NESBITT LANE**
 CITY-ST-ZIP **JACKSONVILLE, -FL 32211**

TITLE **D** ☐ Delete
 NAME **LUMPKIN JACKSON, CYPRIANNA**
 STREET ADDRESS **721 NW 135 WAY**
 CITY-ST-ZIP **PLANTATION FL 33325**

TITLE **D** ☐ Change ☐ Addition
 NAME **JACKSONVILLE, -FL 32211**
 STREET ADDRESS **JACKSONVILLE, -FL 32211**
 CITY-ST-ZIP **JACKSONVILLE, -FL 32211**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

EARL L. LUMPKIN, SR.

Earl L. Lumpkin Sr.

Date

01/31/2001

Daytime Phone #

305-620-1003

CR2E037 (10/00)