

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004342

1. Entity Name

THE SOUTH ANDREWS COMMUNITY BUSINESS ASSOCIATION
INC.

Principal Place of Business

Mailing Address

919 SE 6TH CT
FT LAUDERDALE FL 33301

919 SE 6TH CT
FT LAUDERDALE FL 33301

2. Principal Place of Business

1 East Broward Blvd.

3. Mailing Address

1126 S. Federal Hwy

Suite, Apt. #, etc.

Suite 915

Suite, Apt. #, etc.

369

City & State

Ft. Lauderdale FL

City & State

Ft Lauderdale FL

Zip

33301

Country

USA

Zip

33316

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, JAY M
919 SE 6TH CT
FT LAUDERDALE FL 33301

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 D
NAME ADAMS, JAY M
STREET ADDRESS 919 SE 6TH CT
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Delete

TITLE D
NAME ADAMS, C. JAIMEE
STREET ADDRESS 919 SE 6TH CT
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Delete

TITLE D
NAME STERN, ROBERT
STREET ADDRESS 1425 S ANDREWS AVE, #175
CITY-ST-ZIP FT LAUDERDALE FL 33316 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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: *C. Jaimee Adams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

954
522-5282

Deputy Secretary

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90570 001 ***211.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)