

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90192 015 \*\*\*\*70.00

**DOCUMENT # N00000004459**

1. Entity Name

**UNIVERSAL NEEDS ALLIANCE, INC.**

Principal Place of Business

**1509 TERRACE DRIVE  
 SANFORD FL 32773**

Mailing Address

**1509 TERRACE DRIVE  
 SANFORD FL 32773**

2. Principal Place of Business

**1101 Pine Ave**  
 Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 2462**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Sanford FL**

City & State

**Sanford FL**

4. FEI Number

**59-3652326**

☒ Applied For

☐ Not Applicable

Zip

**32771**

Country

**Seminole**

Zip

**32772-2462**

Country

**Seminole**

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WYNN, SYBERINA  
 1509 TERRACE DRIVE  
 SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name

**1509 Terrace Dr**

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

City

**Sanford**

**FL**

Zip Code

**32773**

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

*Syberina F. Wynn*

**SYBERINA F. WYNN**

**3/1/02**

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

TITLE **DP** ☐ Delete  
 NAME **WYNN, SYBERINA**  
 STREET ADDRESS **1509 TERRACE DRIVE**  
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE **D** ☐ Delete  
 NAME **AKINS, RENE**  
 STREET ADDRESS **4906 SUDBURY COURT**  
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **D** ☐ Delete  
 NAME **MELTON, EARTHA**  
 STREET ADDRESS **P.O. BOX 4361**  
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition  
 NAME **EMORY BLAKE**  
 STREET ADDRESS **3709 Peace Pipe Dr**  
 CITY-ST-ZIP **Orlando, FL 32829**

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Velma Williams**  
 STREET ADDRESS **1605 W. 17th ST**  
 CITY-ST-ZIP **Sanford FL 32771**

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Isiah Evans Jr**  
 STREET ADDRESS **14826 Lynnington Cir**  
 CITY-ST-ZIP **Orlando FL 32826**

TITLE **Director** ☐ Change ☒ Addition  
 NAME **La Vonnia WYNN**  
 STREET ADDRESS **504 Prado Place**  
 CITY-ST-ZIP **Lakeland FL 33803**

TITLE ☐ Change ☐ Addition  
 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:

*Syberina F. Wynn*  
**SYBERINA F. WYNN**

**3/1/02**

**(407) 321 8896**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)