4530

DATE

FOR OFFICIAL USE

NUMBER

~08/16/2000

100600

State of Florida
Office of State Treasurer
Tallahassee, Florida

DEBIT MEMORANDUM

2

To: <u>DEPARTMENT OF STATE</u>

00 00 00 497

General Revenue Total	0.00
Trust Total	962.50
Other Total	0.00
Total	\$962.50

800003404048--7

Distribution

Cross Ref	Samas Code	Reason	Amount
Titoj		11000000	***************************************
800	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	43.75
008	45-20-2-130001-45300100-00-000100-00	OTHER	70.00
008	45-20-2-130001-45300100-00-000100-00	OTHER	70.00 —
008	45-20-2-130001-45300100-00-000100-00	OTHER	78.75
800	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00
800	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	- سرر 550.00

Grand Total:

\$962.50

SUPPLY PROVIDED OF THE PROVIDE

) AUG 18 PN 12: 3

ECEIVED

The above named fund(s) has been reduced by the amount of this check(s) under the authority of Section 215.34, F.S.

Process Date: 08/04/2000

State Treasurer

REV THO: SD GREER JR OR OLIVIA E. GREER 9771 Sw 216 Terr 305-378-6144 Miami, Fl 33190 N First Union National Bank SECRETARY OF STATE and mo ייםםםם? מסססיי 63-843/670 BRANCH 00772 60.00° \$ DOLLARS LIMOTAN Resource Banking®

DEPT OF STATE 4500453; FOR DEPOSIT ONLY -07/31/00--01050--006 -0090687962****70.00

AND THE SECTION OF TH

Security features dillus about mentineliae :) Mr. Security Server. The aboute of these feature, may indicate into a



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 24, 2000

Rev. Thomas Ted Greer or Olivia E. Greer 9771 SW 216 Terrace Miami, FL 33190

SUBJECT: THE TIM LESTER CARES FOUNDATION, INC.

Ref. Number: N00000004976

Debit Memo #: 10600-B

This is to inform you that your check #1171 dated July 7, 2000 in the amount of \$70.00 and submitted for THE TIM LESTER CARES FOUNDATION, INC. has been returned to us by your bank because of Nonsufficient Funds.

We request that you remit a cashier's check or money order in amount of \$85.00 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations Attn: Melinda Lilliston P.O. Box 6327 Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 487-6900.

Sincerely, Melinda Lilliston Administrative Assistant II Division of Corporations

cc:Tim Lester Cares Foundation,Inc. 10711 SW 216th St. #A-100 Goulds, Fl. 33170 Letter number: 000A00045347



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 26, 2000

Rev. Thomas Ted Greer or Olivia E. Greer 9771 SW 216 Terrace Miami, FL 33190

SUBJECT: THE TIM LESTER CARES FOUNDATION, INC.

Ref. Number: N00000004976

Debit Memo #: 10600-B

Due to your failure to respond to our previous letter advising you of the returned check #1171, the Articles of Incorporation for THE TIM LESTER CARES FOUNDATION, INC. have been cancelled and are considered not filed as of September 26, 2000.

The name of your corporation is now available for use.

If you have any questions concerning the returned check, please call (850) 487-6900.

Letter number: 300A00050637

Sincerely
Melinda Lilliston
Administrative Assistant II
Division of Corporations

cc:Tim Lester Cares Foundation Inc. 10711 SW 216th St. #A-100 Goulds, Fl. 33170