

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004976

1. Entity Name

THE TIM LESTER CARES FOUNDATION, INC.

Principal Place of Business

10711 SW 216TH ST. STE A-100
GOULDS FL 33170

Mailing Address

10711 SW 216TH ST. STE A-100
GOULDS FL 33170

2. Principal Place of Business

18428 SW 141 St

3. Mailing Address

15428 SW 141 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33196

Country

Dade

Zip

33196

Country

Dade

4. FEI Number

651027546

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

LESTER, TIM

10711 SW 216TH ST, STE A-100
GOULDS FL 33170

7. Name and Address of New Registered Agent

Name

Tim Lester

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

15428 SW 141 St

City

Miami, FL

FL

Zip Code

33196

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

Tim Lester

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

4.28.001

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	C	☒ Delete
NAME	LESTER, TIM	
STREET ADDRESS	10735 SW 216 ST, #B-128	
CITY-ST-ZIP	GOULDS FL 33170	
TITLE	VC	☒ Delete
NAME	TYLER, TIM	
STREET ADDRESS	10711 SW 216TH ST, STE A-100	
CITY-ST-ZIP	GOULDS FL 33170	
TITLE	ST	☒ Delete
NAME	GREER, TED: REV.	
STREET ADDRESS	9771 SW 216TH TERR	
CITY-ST-ZIP	MIAMI FL 33190	
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	Charles, Mitchell	
STREET ADDRESS	12412 SW 251 Terr	
CITY-ST-ZIP	Miami, FL 33032	
TITLE	VC	☒ Change ☐ Addition
NAME	Smith, Byron	
STREET ADDRESS	15303 SW 107 St	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	Director	☐ Change ☒ Addition
NAME	Makins, Denise	
STREET ADDRESS	19456 SW 103 St	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	Sec.	☐ Change ☒ Addition
NAME	Poux, Natalie	
STREET ADDRESS	15428 SW 141 St	
CITY-ST-ZIP	Miami, FL 33196	
TITLE	Director	☐ Change ☒ Addition
NAME	Tim Lester	
STREET ADDRESS	18428 SW 141 St	
CITY-ST-ZIP	Miami, FL 33196	
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)(f), 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:

Tim Lester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.001

Date

Daytime Phone #

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-18-2001 90021 020 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)