

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000007293

1. Entity Name

REFUGE EDUCATIONAL & URBAN DEVELOPMENT CENTER OF

Principal Place of Business

709 NORTH RIDGEWOOD DR.
SEBRING FL 33870

Mailing Address

709 NORTH RIDGEWOOD DR.
SEBRING FL 33870

2. Principal Place of Business

3. Mailing Address

P.O. BOX 1508

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SEBRING FL

Zip

Zip

33871-1508

Country

HIGHLANDS

4. FEI Number

 Applied For Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABLES, CLIFFORD M III
551 SOUTH COMMERCE AVE.
SEBRING FL 33870

Name

BENTON, WOODROW W.

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

1017 DINNER LAKE DR.

City

SEBRING

FL

Zip Code
33870

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.

WOODROW W. BENTON

SIGNATURE

Woodrow W. Benton

APRIL 24, 2001

DATE

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

 Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C/M BENTON, REV. WOODROW W. 1017 DINNER LAKE DR. SEBRING FL 33870	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MARTY, DR. CLIFFORD 1005 DINNER LAKE DR. SEBRING FL 33870	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ROBINSON, BARBARA 1802 W. FONDULAC RD. AVON PARK FL 33825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D MCCRAY, WILLIAM 1400 NW 10TH AVE APT 1916 MTAMI FL 33136	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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.

WOODROW W. BENTON

SIGNATURE: *Woodrow W. Benton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 24, 2001 863-402-1962

Date

Daytime Phone #