

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

05-17-2001 90413 026 ****61.25

DOCUMENT # N00000007957

1. Entity Name

WESTCOAST SCHOOL FOR HUMAN DEVELOPMENT CORPORATI

Principal Place of Business

13850 NW 26 AVE
 MIAMI FL 33054

Mailing Address

13850 NW 26 AVE
 MIAMI FL 33054

76211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1064559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VICKERS, WARNELL
 5048 BISCAYNE BLVD
 MIAMI FL 33137

Name Vickers Warnell

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

13850 NW 26 Ave

City Opa-Locka

FL

Zip Code 33054

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 re-registering)

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 P ☐ Delete
 NAME VICKERS, WARNELL Principal
 STREET ADDRESS 13850 NW 26 AVE
 CITY-ST-ZIP MIAMI FL 33054

TITLE V ☐ Delete
 NAME VICKERS, ROBIN Vice-Principal
 STREET ADDRESS 13850 NW 26 AVE
 CITY-ST-ZIP MIAMI FL 33054

TITLE S ☐ Delete
 NAME WALKER, JACKIE D
 STREET ADDRESS 13850 NW 26 AVE
 CITY-ST-ZIP MIAMI FL 33054

TITLE T ☐ Delete
 NAME HARRIS, JANICE D
 STREET ADDRESS 13850 NW 26 AVE
 CITY-ST-ZIP MIAMI FL 33054

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 Veronica King
 STREET ADDRESS 16530 N.W. 51st Court
 CITY-ST-ZIP Opa-locka, FL 33054

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

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

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

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: *W. Vickers* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)