

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 01, 2002 8:00 am
Secretary of State

10-01-2002 90175 039 ***236.25

DOCUMENT # N00000007957

1. Entity Name

**WESTCOAST SCHOOL FOR HUMAN DEVELOPMENT CORPORATI
ON**

Principal Place of Business

Mailing Address

13850 NW 26 AVE
MIAMI FL 33054

13850 NW 26 AVE
MIAMI FL 33054

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
13850 NW 26TH AVENUE
OPA LOCKA FL 33054

Name

Warnell Vickers

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

13850 N.W. 26th Avenue

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE: VP ☐ Delete
NAME: VICKERS, ROBIN Director
STREET ADDRESS: 13850 NW 26 AVE
CITY-ST-ZIP: MIAMI FL 33054

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

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

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

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

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

TITLE: D ☐ Delete
NAME: KING, VERONICA Director
STREET ADDRESS: 16530 NW 18TH COURT
CITY-ST-ZIP: OPA LOCKA FL 33054

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

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: *Warnell Vickers* **SIGNATURE REQUIRED**

9/29/02

305685-5462

CR2E037 (4/02)