

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000008373**

1. Entity Name

MINORITY CONTRACTORS ASSOCIATION OF CENTRAL FLOR

Principal Place of Business

**711 N KENTUCKY AVE
LAKELAND FL 33801**

Mailing Address

**711 N KENTUCKY AVE
LAKELAND FL 33801**

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3704584

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KENDRICK, FRANK JR
711 N KENTUCKY AVE
LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstating)

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	<input type="checkbox"/> Delete
NAME	KENDRICK, FRANK	
STREET ADDRESS	711 N KENTUCKY AVE	
CITY-ST-ZIP	LAKELAND FL 33801	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, STEVEN	
STREET ADDRESS	309 HALTON CIRCLE	
CITY-ST-ZIP	SEFFNER FL 33584	

TITLE	T	<input type="checkbox"/> Delete
NAME	TAYLOR, CYNTHIA	
STREET ADDRESS	813 CHADSWORTH AVE	
CITY-ST-ZIP	SEFFNER FL 33584	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reynolds, June	
STREET ADDRESS	9200 W. Lake Ruby Dr.	
CITY-ST-ZIP	Winter Haven, FL 33884	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-16-2001 90480 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)