

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90209 023 \*\*\*\*61.25

**DOCUMENT # N00000008373**

1. Entity Name

**MINORITY CONTRACTORS ASSOCIATION OF CENTRAL FLORIDA, INC.**



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

3. Mailing Address

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

7. Name and Address of New Registered Agent

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

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. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD  
REYNOLDS, JUNE  
9200 W. LAKE RUBY DR.  
WINTER HAVEN FL 33884**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SD  
Robbie Bullock  
4125 Staffordshire Dr.  
Lakeland, FL 33809**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TD  
TAYLOR, CYNTHIA  
813 CHADSWORTH AVE  
SEFFNER FL 33584**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TD  
Robbie Bullock  
4125 Staffordshire Dr  
Lakeland, FL 33809**

☒ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ 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:

**SIGNATURE REQUIRED**

**FRANK Kendrick 1/13/03 (863) 686-1565**

CR2E037 (10/02)