

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO. 1000000241

1. Entity Name

**SENIOR CITIZENS OUTREACH THAT CARES, INC.**

Principal Place of Business

1713 NW 38TH AVE.  
FT. LAUDERDALE FL 33313

Mailing Address

1713 NW 38TH AVE.  
FT. LAUDERDALE FL 33311-4138

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**KEMP, OTIS**  
1713 NW 38TH AVE.  
FT. LAUDERDALE FL 33313

4. FEI Number

**65-0939490**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution ☐

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

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KEMP, OTIS	
STREET ADDRESS	3910 NW 177TH ST.	
CITY - ST - ZIP	OPA LOCKA FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, NATHAN	
STREET ADDRESS	4856 NW 1ST ST.	
CITY - ST - ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANREIL, KARL	
STREET ADDRESS	7607 NW 40TH ST.	
CITY - ST - ZIP	CORAL SPRINGS FL 33065	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOODS, URSULA	
STREET ADDRESS	1890 NW 32ND AVE.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33311	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BORDERS, LEO	
STREET ADDRESS	6011 NW 43RD TERR.	
CITY - ST - ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Otis Kemp** 1-18-00-954-486-0600

Date

Daytime Phone #

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90086 025 \*\*\*150.00

**8000003532588--7**

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)