

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-02-2002 90034 023 ****61.25

DOCUMENT # N01000001549

1. Entity Name

UPSILON XI OMEGA COMMUNITY FOUNDATION, INC.

Principal Place of Business

Mailing Address

**11 NORTH PINE ISLAND RD., #257
 PLANTATION FL 33324**

**P.O. BOX 120278
 FT. LAUDERDALE FL 33312**

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

65-1084517

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

Name

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

City

FL

Zip Code

**GOODEN-THOMPSON, EDITH
 301 N. PINE ISLAND RD., #257
 PLANTATION FL 33324**

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 of 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 **PD** ☐ Delete
 NAME **GOODEN-THOMPSON, EDITH**
 STREET ADDRESS **301 N. PINE ISLAND RD., #257**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **VD** ☒ Delete
 NAME **BLAYLOCK-SMITH, JACQUELINE**
 STREET ADDRESS **1801 NE 53 ST.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **SD** ☐ Delete
 NAME **ROBERTS, JARIS**
 STREET ADDRESS **7921 NW 53 ST.**
 CITY-ST-ZIP **LAUDERHILL FL 33351**

TITLE **ID** ☐ Delete
 NAME **IRISH, SANDRA**
 STREET ADDRESS **636 W. EVANSTON CIRCLE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **FSD** ☐ Delete
 NAME **GOODWIN, SHARON**
 STREET ADDRESS **3480 NW 6 ST.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE **PD** ☐ Delete
 NAME **GEORGE, LISA**
 STREET ADDRESS **182 NW 75 TERR.**
 CITY-ST-ZIP **PLANTATION FL 33317**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VD** ☐ Change ☒ Addition
 NAME **Z. FELICIA JORDAN**
 STREET ADDRESS **8471 SW 5 Street, Apt 108**
 CITY-ST-ZIP **Pembroke Pines, FL 33025**

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

TITLE ☐ Change ☐ Addition
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 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:

Edith Gooden-Thompson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02
 Date

Daytime Phone #

CR2E037 (9/01)