

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-06-2002 90128 023 ****70.00

DOCUMENT # N01000001582

1. Entity Name

JAMAICA YOUTH DEVELOPMENT FOUNDATION, INC.

Principal Place of Business

Mailing Address

10235 WEST SAMPLE ROAD
 SUITE 205
 CORAL SPRINGS FL 33065

10235 WEST SAMPLE ROAD
 SUITE 205
 CORAL SPRINGS FL 33065

23113



DO NOT WRITE IN THIS SPACE

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

65-1090044

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

BACHELOR, BYRON
 10235 WEST SAMPLE ROAD
 SUITE 205
 CORAL SPRINGS FL 33065

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Kimani Friend
STREET ADDRESS	10235 W. Sample Rd #205
CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D MAUREEN Wright-Evans
STREET ADDRESS	10235 W. Sample Rd #205
CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D ANTHONY March
STREET ADDRESS	10235 W. Sample Rd #205
CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Dennis Wright
STREET ADDRESS	10235 W. Sample Rd #205
CITY-ST-ZIP	Coral Springs, FL 33065
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)(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:

MAUREEN WRIGHT-EVANS Director

Date

2/17/02

Daytime Phone #

CR2E037 (9/01)