

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000003296

1. Entity Name

FLORIDA COMMUNITIES FOUNDATION, INC.

Principal Place of Business

11871 SW 220TH ST.  
MIAMI FL 33170

Mailing Address

11871 SW 220TH ST.  
MIAMI FL 33170

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

65-1138482

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

BEATY, WILLIAM E  
11871 SW 220TH ST.  
MIAMI FL 33170

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

*William E. Beaty, Chairman*

April 28, 2002

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	Director	<input type="checkbox"/> Delete
NAME	William E. Beaty	
STREET ADDRESS	11871 SW 220th Street	
CITY-ST-ZIP	Goulds, FL 33170	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Gladys L. Briscoe	
STREET ADDRESS	21471 SW 118th Ct	
CITY-ST-ZIP	Goulds, FL 33170	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Bernice C. Foster	
STREET ADDRESS	22014 SW 213 Ave.	
CITY-ST-ZIP	Goulds, FL 33170	
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"/> 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
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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:

*William E. Beaty*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02

Date

305-258-5900

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

FILED  
May 23, 2002 8:00 am  
Secretary of State

05-23-2002 90048 024 \*\*\*\*61.25