

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91742 008 \*\*\*\*70.00

**DOCUMENT # N01000003723**

1. Entity Name

**SPRINGHILL COMMUNITY EMPOWERMENT CENTER, INC.**

Principal Place of Business

Mailing Address

2808 BUCKMAN ST.  
 JACKSONVILLE FL 32208

2808 BUCKMAN ST.  
 JACKSONVILLE FL 32208

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

**59-3718487**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**JACKSON, MICHAEL A**  
**714 CHESTNUT OAK DR. NORTH**  
**JACKSONVILLE FL 32218**

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

**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  
 NAME **JACKSON, MICHAEL A - Director** ☐ Delete  
 STREET ADDRESS **714 CHESTNUT OAK DR. NORTH**  
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE  
 NAME **BROWN, ROSHONDRA - Director** ☐ Delete  
 STREET ADDRESS **2559 MINOSA CIRCLE NORTH**  
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE  
 NAME **SMITH, EARLINE - Director** ☐ Delete  
 STREET ADDRESS **P.O. BOX 47493**  
 CITY-ST-ZIP **JACKSONVILLE FL 32247**

TITLE  
 NAME **TOOKES, LATONYA** ☒ Delete  
 STREET ADDRESS **2808 BUCKMAN ST.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
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TITLE  
 NAME ☐ Change ☐ Addition  
 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: X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)