

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005998

1. Entity Name

YASMINE AND EARLISHA BENEVOLENT FUND INC.

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90174 041 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 2184 WOODSIDE ST  
 JACKSONVILLE FL 32209

Mailing Address  
 2184 WOODSIDE ST  
 JACKSONVILLE FL 32209

2. Principal Place of Business  
 2184 Woodside St.  
 Suite, Apt. #, etc.

3. Mailing Address  
 2184 Woodside St.  
 Suite, Apt. #, etc.

City & State  
 Jacksonville, Florida  
 Zip  
 32209  
 Country  
 U.S.

City & State  
 Jacksonville, Florida  
 Zip  
 32209  
 Country  
 U.S.

4. FEI Number  
 01-0584959  
☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BARTON, LARRY  
 2184 WOODSIDE ST  
 JACKSONVILLE FL 32209

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

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	Rev. Larry Barton	<input type="checkbox"/> Delete
NAME	President	
STREET ADDRESS	2184 Woodside Street	
CITY-ST-ZIP	Jacksonville, Florida 32209	
TITLE	Earlisha Tribbit	<input type="checkbox"/> Delete
NAME	2184 Woodside Street	
STREET ADDRESS	Jacksonville, Florida 32209	
CITY-ST-ZIP	Jacksonville, FLA 32208	
TITLE	Stephanie Thompson	<input type="checkbox"/> Delete
NAME	725 Linda Dr.	
STREET ADDRESS	Jacksonville, FLA 32208	
CITY-ST-ZIP	Jacksonville, FLA 32208	
TITLE	URANA Butler	<input type="checkbox"/> Delete
NAME	2184 Woodside Street	
STREET ADDRESS	Jacksonville, FLA 32208	
CITY-ST-ZIP	Jacksonville, FLA 32208	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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: LARRY BARTON  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-02 904-379-5654

CR2037 (9/01)