


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90140 031 \*\*\*\*61.25

**DOCUMENT # N01000009017**

1. Entity Name  
**LUTHER CAMPBELL CHARITABLE FOUNDATION, INC., II**



Principal Place of Business  
**231 12TH STREET  
MIAMI BEACH FL 33139**

Mailing Address  
**231 12TH STREET  
MIAMI BEACH FL 33139**

**22000318**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**8000 Governors Square Blvd.  
Suite, Apt. #, etc. *Suite 304*  
City & State *Miami Lakes, FL***

3. Mailing Address  
***None*  
Suite, Apt. #, etc.  
City & State**

Zip ***33016*** Country ***Dade***

4. FEI Number **65-1153540** Applied For   
Not Applicable

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

6. Name and Address of Current Registered Agent  
**DBM LIMITED, INC.  
356 W. 46TH STREET  
#1  
MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent  
***Rebekah Funk*  
Street Address (P.O. Box Number is Not Acceptable)  
*8000 Governors Sq. Blvd.  
Suite 304*  
City *Miami Lakes* FL Zip Code *33016***

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, LUTHER</b>	
STREET ADDRESS	<b>231 12TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CAMPBELL, STANLEY</b>	
STREET ADDRESS	<b>231 12TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOORE, DONNA B</b>	
STREET ADDRESS	<b>231 12TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DBM LIMITED, INC.</b>	
STREET ADDRESS	<b>231 12TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CAMPBELL, YVONNE</b>	
STREET ADDRESS	<b>231 12TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>NEWBOLD, HARRY</b>	
STREET ADDRESS	<b>231 12TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Luther Campbell</b>	
STREET ADDRESS	<b>8000 Governors Sq. Blvd. #304</b>	
CITY-ST-ZIP	<b>Miami Lakes, FL 33016</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b><del>Stanley Campbell</del> Pierre Rutledge</b>	
STREET ADDRESS	<b>" "</b>	
CITY-ST-ZIP	<b>" "</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Stanley Campbell, JR.</b>	
STREET ADDRESS	<b>" "</b>	
CITY-ST-ZIP	<b>" "</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHN JENKINS</b>	
STREET ADDRESS	<b>" "</b>	
CITY-ST-ZIP	<b>" "</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAM JOHNSON</b>	
STREET ADDRESS	<b>" "</b>	
CITY-ST-ZIP	<b>" "</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Newbold, Harry</b>	
STREET ADDRESS	<b>" "</b>	
CITY-ST-ZIP	<b>" "</b>	

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: **~~SIGNATURE REQUIRED~~** *1/24/03 305-557-6212*

CP2E037 (10/02)