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

## FILED Feb 03, 2003 8:00 am Secretary of State DOCUMENT # N01000009017 1. Entity Name 02-03-2003 90140 031 \*\*\*\*61.25 LUTHER CAMPBELL CHARITABLE FOUNDATION, INC., II Principal Place of Business Mailing Address 231 12TH STREET 231 12TH\_STREET 22000318 MIAMI BEACH FL 33139 MIANH BEACH FL 33139 Principal Place of Business 3. Mailing Address CHECK HERE IF MAKING CHANGES 4. FEI Number 65-1153540 Applied For 1au Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DBM LIMITED, INC. 356 W. 46TH STREET MIAMI BEACH FL 33140 8. The above named entity and office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition CAMPBELL, LUTHER NAME NAME . Blue. \$304 2<del>31-12TH STRE</del>ET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI-BEACH FL 33139 CITY-ST-ZIP Delete TITLE CAMPBELL STANLEY NAME NAME <del>231-12TH STREET</del> STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-7IP CITY-ST-ZIP TITLE Delete stubles Campbell, JR <del>moore, donna</del> b NAME NAME 231 12TH STREET STREET ADDRESS STREET ADDRESS // MIAMI-BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TOHN JENKINC DBM LIMITED, INC. NAME NAME 231-127H STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI-BEACH FL 33139 CITY-ST-ZIP Delete TITLE Addition ☐ Change CAMPBELL: YVONNE

12. I hereby certify that the information supplied with this filing does not explirify 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 accordate 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 employeed to execute this report as fequired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment will

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

231-12TH STREET

NEWBOLD, HARRY

231-12TH STREET

MIAMI BEACH FL 33139

MIAML BEACH FL 33139

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition