FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 29, 2001 8:00 am Secretary of State DOCUMENT # N04291 1. Entity Name 03-29-2001 90360 029 \*\*\*\*70.00 SOCIETY FOR THE IMPROVEMENT OF BROTHERHOOD INCOR Principal Place of Business Mailing Address % SAM AUSTIN JR. 222 PONCE DE LEON ST % SAM AUSTIN JR. 222 PONCE DE LEON ST ROYAL PALM BEACH FL 33411 ROYAL PALM BCH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2608137 Not Applicable Zip Country 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 Name Street Address (P.O. Box Number is Not Acceptable) AUSTIN, SAM JR. 222 PONCE DE LEON ST **ROYAL PALM BEACH FL 33411** Zip Code FL 8. The above named antity 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) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Change TITLE ☐ Delete TITI F ☐ Addition YOUNG, W. FRED NAME NAME STREET ADDRESS STREET ADDRESS 641 W. 9TH ST. CITY-ST-ZIP CITY-ST-ZIP <u>RIVIERA BCH. FL</u> ☐ Change TITLE Addition D ☐ Delete TITLE NAME WADE, EDWIN NAME STREET ADDRESS STREET ADDRESS 1131 W 24TH ST CITY-ST-ZIP CITY-ST-ZIP-RIVIERA BCH FL TITLE TITLE ☐ Change ☐ Delete Addition NAME NAME WHITE, ARTHUR J. STREET ADDRESS STREET ADDRESS 1642 W 25TH CT CITY-ST-7IP CITY-ST-ZIP RIVIERA BCH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MEEKS, WILLIE NAME STREET ADDRESS STREET ADDRESS 371 22ND CT CITY-ST-ZIP CITY-ST-ZIP RIVIERA BCH FI TITLE ☐ Delete TITLE Change ☐ Addition NAME AUSTIN, SAM Sam Austin STREET ADDRESS STREET ADDRESS 321 W 33RD ST Ponce De Leon St CITY-ST-ZIP CITY-ST-ZIP RIVIERA BCH FI Royal Palm Beach, Fl3 TITLE □ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

SIGNATURE: SIGNATURE:

changed, or on an attachment

th all other like empowered

Date 561-792-50 51 hone #