

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90144 003 \*\*\*\*70.00

**DOCUMENT # N04291**

1. Entity Name

**SOCIETY FOR THE IMPROVEMENT OF BROTHERHOOD INCORPORATED**

Principal Place of Business

Mailing Address

% SAM AUSTIN JR.  
222 PONCE DE LEON ST  
ROYAL PALM BEACH FL 33411  
US

% SAM AUSTIN JR.  
222 PONCE DE LEON ST  
ROYAL PALM BCH FL 33411  
US

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

**59-2608137**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUSTIN, SAM JR.  
222 PONCE DE LEON ST  
ROYAL PALM BEACH FL 33411

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	DP YOUNG, W. FRED 641 W. 9TH ST. RIVIERA BCH. FL	TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D WADE, EDWIN	TITLE	
NAME		NAME	
STREET ADDRESS	1131 W 24TH ST	STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH FL	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE	D WHITE, ARTHUR J.	TITLE	
NAME		NAME	
STREET ADDRESS	1642 W 25TH CT	STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH FL	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE	D MEEKS, WILLIE	TITLE	
NAME		NAME	
STREET ADDRESS	371-22ND CT	STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH FL	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE	D AUSTIN, SAM	TITLE	
NAME		NAME	
STREET ADDRESS	222 PONCE DE LEON STREET	STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33341	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residing Phone #

CR2E037 (9/01)