

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06281

1. Entity Name

SOUTH DADE CRISIS PREGNANCY CENTER, INC.

Principal Place of Business

5975 SUNSET DRIVE  
SUITE 101  
MIAMI FL 33143

Mailing Address

5975 SUNSET DRIVE  
SUITE 101  
MIAMI FL 33143-5198

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

59-2480175

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

CARTER, LESLI J  
7745 SW 86 ST, #D-318  
MIAMI FL 33143

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

TITLE **D** ☐ Delete  
NAME **TODD, RON**  
STREET ADDRESS **10922 SW 135 PL**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **DC** ☐ Change ☒ Addition  
NAME **Beverley Morales**  
STREET ADDRESS **12841 SW 115 Terrace**  
CITY-ST-ZIP **Miami, FL 33186**

TITLE **DS** ☐ Delete  
NAME **TODD, SARA BETH**  
STREET ADDRESS **10922 SW 135 PL**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **DS** ☐ Change ☒ Addition  
NAME **Ruth Birdwell**  
STREET ADDRESS **9451 SW 30 Terr.**  
CITY-ST-ZIP **Miami, FL 33165**

TITLE **DT** ☒ Delete  
NAME **GRIMONPONT, AGNES**  
STREET ADDRESS **9921 NW 2ND ST**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **DT** ☐ Change ☒ Addition  
NAME **Shirlee Simpson**  
STREET ADDRESS **9815 Marlin Road**  
CITY-ST-ZIP **Miami, FL 33157**

TITLE **DC** ☒ Delete  
NAME **BULKELEY, CRAIG**  
STREET ADDRESS **6155 SW 106 ST**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ Change ☒ Addition  
NAME **Margaret Fitz**  
STREET ADDRESS **7350 SW 153 St.**  
CITY-ST-ZIP **Miami, FL 33176**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*[Signature]* **RED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Date

305-349-6125

Daytime Phone #

CR2E037 (9/99)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**  
04-22-2000 90011 013 \*\*\*\*61.25

946019



DO NOT WRITE IN THIS SPACE