

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90001 040 ****70.00

DOCUMENT # N22640

1. Entity Name

COMMUNITY CRUSADE AGAINST DRUGS OF SOUTH FLORIDA

Principal Place of Business

Mailing Address

11300 N.W. 27TH AVE
 ROOM #3240
 MIAMI FL 33167
 US

11380 NW 27TH AVE #1389
 ROOM #3240
 MIAMI FL 33167
 US

Delete

034000

2. Principal Place of Business

3. Mailing Address

11380
 Suite, Apt. #, etc.

Suite, Apt. #, etc.
 Room 3240

City & State

City & State

4. FEI Number

65-0004103

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BACKERS, TYRONE K.
 2220 N.W. 189TH TERR
 MIAMI FL 33056

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
 NAME PD
 STREET ADDRESS TURNER, WILLIAM H
 CITY-ST-ZIP 20840 SAN SIMEON WAY 702
 MIAMI FL 33179 ☒ Delete

TITLE
 NAME PD
 STREET ADDRESS ZAND, DR LLOYD
 CITY-ST-ZIP 10501 SNAPPER CREEK ROAD
 CORAL GABLES, FL 33156 ☐ Change ☒ Addition

TITLE
 NAME ED
 STREET ADDRESS BACKERS, TYRONE K.
 CITY-ST-ZIP 2220 N.W. 189TH TERR
 MIAMI FL 33056 ☐ Delete

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

TITLE
 NAME VPD
 STREET ADDRESS JACKSON, DENNIS D REV
 CITY-ST-ZIP PO BOX 69-4224
 MIAMI FL 33269 ☒ Delete

TITLE
 NAME VPD
 STREET ADDRESS LERO, SUSAN
 CITY-ST-ZIP 11380 N.W. 27TH AVENUE, ROOM 1173
 MIAMI, FL 33167 ☐ Change ☒ Addition

TITLE
 NAME T
 STREET ADDRESS GIORGI, ELMO
 CITY-ST-ZIP 8035 SW 107TH AVENUE 114
 MIAMI FL 33173 ☐ Delete

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

TITLE
 NAME SD
 STREET ADDRESS PINKSTON, MARTY
 CITY-ST-ZIP 15800 N.W. 42ND AVENUE
 OPA LOCKA FL 33054 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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 OF TYRONE K. BACKERS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/01

Date

Daytime Phone #

CR2E037 (10/00)