

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27060

1. Entity Name

DADE COUNTY CHILDREN FOSTER CARE ASSOCIATION, IN

Principal Place of Business

P O BOX 16-0021  
MIAMI FL 33116-7021

Mailing Address

P O BOX 16-0021  
MIAMI FL 33116-0021

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

65-0075583

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

JOHNSON, BARBARA  
10850 SW 220 ST  
MIAMI FL 33176

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	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	JOHNSON, BARBARA	10850 SW 220 CT	MIAMI FL 33176	<input type="checkbox"/>
VP	HARRIS, BETTIE	10485 SW N TERR	MIAMI FL 33157	<input checked="" type="checkbox"/>
SD	JENKINS, SHAMELE	513 NW 93 STREET	MIAMI FL	<input type="checkbox"/>
D	JOHNSON, BARBARA	10850 SW 22ND STREET	MIAMI FL	<input type="checkbox"/>
TD	KITCHEN, JOHN	14130 VAN BUREN ST	MIAMI FL	<input checked="" type="checkbox"/>
S	COBBS, ARNETTA	10735 SW 224 ST	MIAMI FL 33170	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Vice President	ARNETTA Cobb	10735 SW 224 ST	MIAMI, FL 33170	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
JD	Meler Williams	22220 SW 10TH AVE	MIAMI, FL 33170	<input checked="" type="checkbox"/>
S	Diane Starling	10735 SW 224 ST	MIAMI, FL 33170	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: BARBARA JOHNSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 31, 2000 8:00 am  
Secretary of State

05-31-2000 90010 028 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)