

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90169 018 \*\*\*\*61.25

**DOCUMENT # N31742**

1. Entity Name

**IMPROVEMENT OF MINORITIES IN INTERNAL REVENUE SE**

Principal Place of Business

Mailing Address

C/O CROOK, TERRI  
 POST OFFICE BOX 15736  
 PLANTATION FL 33318  
 US

C/O CROOK, TERRY  
 POST OFFICE BOX 15736  
 PLANTATION FL 33318-5736  
 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

**65-0070697**

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

**MOORE, TERRY**  
**1 N. UNIVERSITY DRIVE**  
**STOP 4000**  
**FT. LAUDERDALE FL 33324**

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  Delete  
 NAME **PD CROOK, TERRI**  
 STREET ADDRESS **1700 PALM BEACH LAKES**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD MOORE, TERRY**  
 STREET ADDRESS **ONE N UNIVERSITY DRIVE, STOP 4000**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33324**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD PETERSON, RENEE**  
 STREET ADDRESS **1 NORTH UNIVERSITY DR - STOP 4999**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33324**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD GIBBS, VONICE**  
 STREET ADDRESS **300 LOCK ROAD**  
 CITY-ST-ZIP **DEERFIELD BEACH FL**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD BENITA WESTON**  
 STREET ADDRESS **ONE NORTH UNIVERSITY DR**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD BYRD, CALVIN**  
 STREET ADDRESS **300 LOCK ROAD, STOP 5420**  
 CITY-ST-ZIP **DEERFIELD BEACH FL**

Change  Addition  
 TITLE  
 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: *TERRI CROOK* REGISTERED Moore

1/24/00

(954)423-7489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)