

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40221

1. Entity Name

LEADERSHIP SOUTH DADE, INC.

Principal Place of Business

MDCC-HOMESTEAD  
500 COLLEGE TERRACE, RM. 1233  
HOMESTEAD FL 33030

Mailing Address

MDCC-HOMESTEAD  
500 COLLEGE TERRACE, RM. 1233  
HOMESTEAD FL 33030-6009

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0232656

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

LUDOVICI, EDWARD P  
17415 S. DIXIE HIGHWAY  
MIAMI FL 33157

7. Name and Address of New Registered Agent

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

MILTON (MICKEY) E. BREISFORD III

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

TITLE D ~~DC~~ PAST CHAIRPERSON ☐ Delete  
NAME THRASHER, CONNIE  
STREET ADDRESS MDCC-HOMESTEAD, 500 COLLEGE TER., RM. 1233  
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE D ☒ Delete  
NAME MINKES, LINDA  
STREET ADDRESS MDCC-HOMESTEAD, 500 COLLEGE TER., RM. 1233  
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE D ☒ Delete  
NAME JENSEN, ROBERT  
STREET ADDRESS MDCC-HOMESTEAD, 500 COLLEGE TER., RM. 1233  
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE DC ☐ Delete  
NAME D-BREISFORD (CHAIRMAN)  
STREET ADDRESS BREISFORD, (MICKEY) MILTON  
CITY-ST-ZIP MDCC-HOMESTEAD, 500 COLLEGE TER., RM. 1233  
HOMESTEAD FL 33030

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Change ☒ Addition  
NAME TREASURER  
STREET ADDRESS TERRI STACKWELL  
CITY-ST-ZIP MDCC-HOMESTEAD, 500 COLLEGE TER  
HOMESTEAD, FL 33030

TITLE D + ☐ Change ☒ Addition  
NAME BOARD MEMBER  
STREET ADDRESS MARIO O. GUTIERREZ  
CITY-ST-ZIP MDCC-HOMESTEAD, 500 COLLEGE TER  
HOMESTEAD, FL 33030

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

TITLE ☐ Change ☐ Addition  
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: MILTON (MICKEY) E. BREISFORD III

1/27/2000 (306) 248-3113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #