

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90006 048 ****70.00

DOCUMENT # N40221

1. Entity Name

LEADERSHIP SOUTH DADE, INC.

Principal Place of Business

Mailing Address

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

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

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

65-0232656

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

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

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 **D THRASHER, CONNIE**
 STREET ADDRESS **MDCC-HOMESTEAD, 500 COLLEGE TER**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ Change ☒ Addition
 NAME **C CRVER CLARENCE**
 STREET ADDRESS **MDCC-HOMESTEAD, 500 COLLEGE TERRACE**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

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

TITLE ☐ Change ☒ Addition
 NAME **S SCHMELZER, JUDY**
 STREET ADDRESS **MDCC-HOMESTEAD, 500 COLLEGE TERRACE**
 CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE ☒ Delete
 NAME **D JENSEN, ROBERT**
 STREET ADDRESS **MDCC-HOMESTEAD, 500 COLLEGE TERR**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

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

TITLE ☒ Delete
 NAME **D BRELSFORD, ROBERT**
 STREET ADDRESS **MDCC-HOMESTEAD, 500 COLLEGE TER**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☒ Change ☐ Addition
 NAME **D BRELSFORD, MILTON**
 STREET ADDRESS **MDCC-HOMESTEAD, 500 COLLEGE TERRANCE**
 CITY-ST-ZIP **HOMESTEAD, FLORIDA 33030**

TITLE ☐ Delete
 NAME **T STOCKWELL, TERRI**
 STREET ADDRESS **MDCC-HOMESTEAD, 500 COLLEGE TER**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

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

TITLE ☐ Delete
 NAME **D GUTIERREZ, MARIO O**
 STREET ADDRESS **MDCC-HOMESTEAD, 500 COLLEGE TER**
 CITY-ST-ZIP **HOMESTEAD FL 33030**

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 Brelsford **MILTON BRELSFORD** 2/22/01 (305) 468-1162
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)