

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 27, 2001 8:00 am
Secretary of State

07-27-2001 90003 046 ****61.25

0042661

DOCUMENT # N41820

1. Entity Name

JAMAICA CIVIC AND CULTURAL ASSOCIATION INC.

Principal Place of Business

**14741 S. RIVER DR.
MIAMI FL 33167**

Mailing Address

**14741 S. RIVER DR.
MIAMI FL 33167****A0079703**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0234194

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

**GILLINGS, EVERAD
14741 S. RIVER DR.
MIAMI FL 33167**

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	P	<input type="checkbox"/> Delete
NAME	GILLINGS, EVERARD	
STREET ADDRESS	14741 S. RIVER DR.	
CITY-ST-ZIP	MIAMI FL 33167	

TITLE	T	<input type="checkbox"/> Delete
NAME	CHAMBERS, EARL	
STREET ADDRESS	18830 NW 17 AVE.	
CITY-ST-ZIP	MIAMI FL 33056	

TITLE	VP	<input type="checkbox"/> Delete
NAME	ALBERT, STEPHEN	
STREET ADDRESS	1240 NW 187 STREET	
CITY-ST-ZIP	MIAMI FL 33169	

TITLE	D	<input type="checkbox"/> Delete
NAME	BECKFORD, LAUREL	
STREET ADDRESS	6122 WASHINGTON	
CITY-ST-ZIP	HOLLYWOOD FL 33023	

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, BERRIS	
STREET ADDRESS	15600 NE 14TH AVE.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33165	

TITLE	D	<input type="checkbox"/> Delete
NAME	COOKE, CARL	
STREET ADDRESS	875 SW 173RD AVE	
CITY-ST-ZIP	PEMPROKE PINES FL 33029	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: EVERARDS REQUIRED*Everard***305-229-7538**

CR2E037 (10/00)