

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Oct 02, 2002 8:00 am**  
**Secretary of State**

10-02-2002 90120 024 \*\*\*236.25

**DOCUMENT # N48662**

1. Entity Name

**VOTER'S COUNCIL OF NORTH MIAMI BEACH, INC.**

Principal Place of Business,

1520 NE 152ND TER  
 NORTH MIAMI BEACH FL 33162

Mailing Address

1535 NE 152 TERR  
 NORTH MIAMI BEACH FL 33162  
 US

2. Principal Place of Business

**HAZEL CRAWFORD**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

**1528 NE 152ST**

Suite, Apt. #, etc.

**✓**

City & State

**NORTH MIAMI BEACH**

City & State

**✓**

Zip

**33162**

Country

**DADE**

Zip

**✓**

Country

**✓**

4. FEI Number

**59-2491274**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HAZEL CRAWFORD**  
**1520 NE 152ND TERRACE**  
**N MIAMI BEACH FL 33162-1272**

7. Name and Address of New Registered Agent

Name **WAVERLY ROBINSON**

Street Address (P.O. Box Number is Not Acceptable)

**1425 N.E. 154 ST**

City **NORTH MIAMI BEACH FL** Zip Code **33162**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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 **P** ☒ Delete  
 NAME **WASHINGTON, BRENDA**  
 STREET ADDRESS **1590 NE 152 ST**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **V** ☒ Delete  
 NAME **ROBINSON, WAVERLY**  
 STREET ADDRESS **1425 NE 154TH ST**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **S** ☒ Delete  
 NAME **DOHM, ATHENIA**  
 STREET ADDRESS **1450 NE 149TH ST**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE **T** ☐ Delete  
 NAME **JACKSON, YVONNE**  
 STREET ADDRESS **1535 NE 152ND TERR**  
 CITY-ST-ZIP **NORTH MIAMI FL**

TITLE **D** ☒ Delete  
 NAME **CRAWFORD, HAZEL**  
 STREET ADDRESS **1520 NE 152ND TERRACE**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **D** ☒ Delete  
 NAME **STARKE, DAVID**  
 STREET ADDRESS **1980 NE 187TH DR**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **WAVERLY ROBINSON** ☒ Change ☐ Addition  
 NAME **1425 NE 154 ST.**  
 STREET ADDRESS **NORTH MIAMI BEACH 33162**  
 CITY-ST-ZIP

TITLE **V** ☒ Change ☐ Addition  
 NAME **HAZEL SMITH**  
 STREET ADDRESS **1499 N.E. 154 TERR**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **S** ☒ Change ☐ Addition  
 NAME **GLORIA MINCEY**  
 STREET ADDRESS **15151 N.E. 15 CT.**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **D** ☐ Change ☐ Addition  
 NAME **IOLA W. CRAWFORD**  
 STREET ADDRESS **1523 N.E. 152 ST**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **D** ☒ Change ☐ Addition  
 NAME **LARRY THOMPSON**  
 STREET ADDRESS **1420 N.E. 152 ST.**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

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: **SIGNATURE REQUIRED**

**9/26/02**

CR2E037 (4/02)