

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90037 003 \*\*\*\*61.25

**DOCUMENT # N50295**

1. Entity Name

**SOUTH DADE YOUTH AWARENESS CENTER, INC.**

*P*

Principal Place of Business

Mailing Address

11960 SOUTHWEST 173RD STREET  
 MIAMI FL 33177

11960 SOUTHWEST 173RD STREET  
 MIAMI FL 33177

00100490



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

**65-0345340**

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

**FERGUSON, BETTIE**  
 11960 SOUTHWEST 173RD STREET  
 MIAMI FL 33177

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**  
**After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>JEFFERSON, JOHNNY</b>	
STREET ADDRESS	<b>9500 S.W. 180 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FERGURSON, CHARLES</b>	
STREET ADDRESS	<b>11960 S.W. 173 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	
TITLE	<b>ED</b>	<input type="checkbox"/> Delete
NAME	<b>FERGUSON, BETTIE M</b>	
STREET ADDRESS	<b>11960 S.W. 173 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	
TITLE	<b>SCD</b>	<input type="checkbox"/> Delete
NAME	<b>HOPE, JOHN C SR.</b>	
STREET ADDRESS	<b>20954 S.W. 85TH PASSAGE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33189</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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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: *Bettie M. Ferguson* **BETTIE M. FERGUSON, Exec. Director** 9/08/00 (305) 253-0229  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)