

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000479

1. Entity Name

THE DILLARD HIGH SCHOOL TASK FORCE FOR QUALITY E

Principal Place of Business

2323 N.W. 12TH COURT
FT. LAUDERDALE FL 33311

Mailing Address

2323 N.W. 12TH COURT
FT. LAUDERDALE FL 33311-5236

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

65-0359532

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

DAVENPORT, OZZIE M
2323 N.W. 12TH COURT
FT. LAUDERDALE FL 33311

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DAVENPORT, OZZIE M 2323 N.W. 12TH COURT FT. LAUDERDALE FL 33311	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRINGLE, RICHARD 3851 N.W. 5TH STREET FT. LAUDERDALE FL 33311	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILEY MYRICK 4210 SW 3RD ST PLANTATION FL 33317	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MILDRED C 4761 N.W. 17TH STREET LAUDERHILL FL 33313	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PRINGLE, JUANITA W 3851 N.W. 5TH STREET FT. LAUDERDALE FL 33311	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATRICIA DAVIS 2630 NW 13TH ST POMPANO BCH FL 33069	☒ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90097 017 ****69.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)