

2000 UNIFORM BUSINESS REPORT (UBR)

8.

DOCUMENT # N94000001914

1. Entity Name

KUUMBA VILLAGE, INC.

Principal Place of Business

2308 MCCLELLAN ST
HOLLYWOOD FL 33020
US

Mailing Address

P.O. BOX 222061
HOLLYWOOD FL 33022
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0482855

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANKS, MARILYN
2313 ATLANTA ST
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

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 re-registering)

DATE

FILE NOW: FEE IS \$81.25
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FRAZIER, PHYLLIS	
STREET ADDRESS	801 LYONS RD	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEWITT, DOROTHY	
STREET ADDRESS	3260 ENSENDA WAY	
CITY-ST-ZIP	MIRAMAR FL 33025-4237	
TITLE	TO	<input type="checkbox"/> Delete
NAME	SIMPSON, LLEWELYN	
STREET ADDRESS	749 SW 2ND ST	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Dewitt	
STREET ADDRESS	3260 ENSENDA WAY	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carmen Draughn	
STREET ADDRESS	2230 Atlantic St.	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	T.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Llewelyn Simpson	
STREET ADDRESS	749 S.W. 2nd St.	
CITY-ST-ZIP	Hollywood, FL 33004	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold Davis	
STREET ADDRESS	608 S.W. 12th Ave.	
CITY-ST-ZIP	Dania, FL 33004	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maudine Peters	
STREET ADDRESS	8467 S. Coral Cir.	
CITY-ST-ZIP	North Lauderdale, FL 33068	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Corliss Hepburn	
STREET ADDRESS	2223 Atlantic St.	
CITY-ST-ZIP	Hollywood, FL 33020	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Workday, UFLB REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 18, 2000 8:00 am
Secretary of State

08-31-2000 90112 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)