

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 940 0000 **1974**

1. Entity Name

**Concerned Citizens of Holiday Lake Apartments, Inc.**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL 11 AM 10:01

Principal Place of Business

**133 N. Powerline Road  
Pompano Beach FL 33069**

Mailing Address

**133 N. Powerline Road  
Pompano Beach FL 33069**

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

**125-0495296**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**Bernice Roberson  
895 N. Powerline Rd  
Pompano Beach FL 33069**

7. Name and Address of New Registered Agent

Name **Bernice Roberson**  
Street Address (P.O. Box Number is Not Acceptable)  
**895 N. Powerline Rd**  
City **Pompano Beach** FL Zip Code **33069**

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

**Bernice Roberson**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**6/30/01**

FILE NOW  
SEE IS 1812

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **Michael Boykin**  
STREET ADDRESS **153 N. Powerline Rd**  
CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE **VD** ☐ Delete  
NAME **LELA MER LOVE**  
STREET ADDRESS **611 N. Powerline Rd**  
CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE **SD** ☐ Delete  
NAME **Bernice Roberson**  
STREET ADDRESS **895 N. Powerline Rd**  
CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE **TD** ☐ Delete  
NAME **Claudia Akin**  
STREET ADDRESS **915 N. Powerline Rd**  
CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Add  
NAME **Bernice Roberson**  
STREET ADDRESS **895 N. Powerline Rd**  
CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE **VD** ☒ Change ☐ Add  
NAME **EZIKEL JONES**  
STREET ADDRESS **155 N. Powerline Rd**  
CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE **SD** ☒ Change ☐ Add  
NAME **Kim DUCAN**  
STREET ADDRESS **109 N. Powerline Rd**  
CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE **TD** ☐ Change ☐ Add  
NAME **Claudia Akin**  
STREET ADDRESS **915 N. Powerline Rd**  
CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Bernice Roberson**

**6/30/01 954 910 9511**

**SP**

**600004494236-9**  
**-07/24/01--01095--003**  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**