## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N94000004218

1. Entity Name

## UNITED RESIDENT COUNCIL OF THE HOUSING AUTHORITY OF THE CITY OF FORT LAUDERDALE, INC.

## FILED May 09, 2002 8:00 am Secretary of State

05-09-2002 90087 016 \*\*\*\*61.25

		·								
Principal Place of Business Mailing Address				<del>- , , ,</del>						
1701, S.W. 2ND STREET		1701 S.W. 2ND STREET								
#20 FT LAUDERDALE FL 33312		<b>#20</b>								
US	ALL IL SOIZ	FT LAUDERDALE FL 33312 US			( (88(1)8) 8)	<b>4</b> 1801 <b>410</b> 0 <b>48</b>				
2 Principal	Place of Business	1 0 14-11 A 1 1	<u> </u>							
<b>4.</b> Frincipal	Flace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NO	WRITE IN	THIS SPACE		
City & State				_		20.10	771.1172.117			
		City & State		4.	4. FEI Number 65-0587943 Applied For					
Zip	Country	Zip	Country			00 0001			Not Applicable	<u>:</u>
<b>-</b> -		210	Country	5.	Certificate o	Status Des	red [	38.75 A	Additional ired	
	6. Name and Address of Current	Registered Agent		7.	Name and A	ddress of N	lew Regist			1
		e for a series a series	Name	•						1
BROWN, MERCEDES					(P.O. Box Number is Not Acceptable)					┨
1701 S.W	. 2ND STREET			77-11			•		·····	-
#20										ı
FI. LAUD	ERDALE FL 33312		City					FL Zip Co	ode	1
8. The above	e named entity submits this statement for	the purpose of changing its	registered office	or registered a	gent, or both,	in the state	of Florida.			1
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registered Agent sign	nature required when	reinstating)			DATE		
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		_ ΨΟ.	.00 May Be ed to Fees	Department of State				
10.	OFFICERS AND DIR	ECTORS	11.	ADDI'	TIONS/CHAN	GES TO OF	FICERS AN	ND DIRECTORS	N 10	1.
TITLE NAME	PD BROWN, MERCEDES	☐ Delete	TITLE					☐ Change	☐ Addition	10/0/
STREET ADDRESS	1701 SW 2 ST 20		NAME STREET ADDRESS	;						
CITY-ST-ZIP	FORT LAUDERDALE FL 33312		CITY-ST-ZIP	´						7007
TITLE	PDVP	☐ Delete	TITLE					Change	☐ Addition	ှင့်
NAME	BURTON, DARLENE		NAME							(
STREET ADDRESS CITY-ST-ZIP	1321 NW 6 ST 5 FORT LAUDERDALE FL 33311		STREET ADDRESS	5						
	S	——————————————————————————————————————	CITY-ST-ZIP							-
NAME	CARSON, SHIRLEY	" . L Delete .	TITLE	-	•	•	-	☐ Change	- Addition	
STREET ADDRESS	1436 NW 6 ST 4		STREET ADDRESS	: [						
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		CITY-ST-ZIP							ĺ
TITLE	TD KATIN	☐ Delete	TITLE					☐ Change	☐ Addition	1
NAME CERCET ADODECC	FISHER, KATHY 100 SW 18 AV 503		NAME							
STREET ADDRESS CITY-ST-ZIP	FORT LAUDERDALE FL 33312		STREET ADDRESS CITY-ST-ZIP							
TITLE	FORT ENOBERDALE PE 33312	☐ Dalata	<b>1</b>			<del></del>			Maladan -	
	TORT LAUDERDALE PL 33312	☐ Delete	TITLE NAME					Change	☐ Addition	
TITLE NAME STREET ADDRESS	PORT ENDERDALE PE 33312	☐ Delete	TITLE			7.		☐ Change	☐ Addition	
name Street address	TONT LAUDENDALE PL 33312	☐ Delete	TITLE NAME		<del></del>			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	PORT ENOBERDALE PE 33312	☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS			15.		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PORT ENOBERDALE PE 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			1.				
NAME <sub>.</sub>	PORT ENDERDALE PE 33312		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				- , <u>, , , , , , , , , , , , , , , , , ,</u>			

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: MERCEDES BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 23 02 954-467-7818