

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000004939**

1. Entity Name

BOYNTON COMMUNITY FAMILIES AND FRIENDS NETWORK I

Principal Place of Business

**1331 N.W. 27TH AVE.
BOYNTON BEACH FL 33426
US**

Mailing Address

**1331 N.W. 27TH AVE.
BOYNTON BEACH FL 33426
US**

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

59-3168989

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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**WILLIAMS, SARAH
1331 N.W. 27TH AVE.
BOYNTON BEACH FL 33426**

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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CMD
WILLIAMS, SARAH
1331 S. WEST 27TH AVENUE
BOYNTON BEACH FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MCDONALD, JOSEPHUS
556 N.W. 10TH AVE.
BOYNTON BEACH FL 33435** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KING, SEDRICK
1022 N.W. 6TH AVE.
BOYNTON BEACH FL 33435** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ANDERSON, LINDSEY
1200 N.W. 1ST ST.
BOYNTON BEACH FL 33435** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**TERRY PEREIRA
7692 COLONY DR.
BOYNTON BEACH FL 33436**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90071 027 ****61.25

00004625



DO NOT WRITE IN THIS SPACE

009237

CR2E037 (10/00)