

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000004599**

1. Entity Name

RICHMOND HEIGHTS NEIGHBORHOOD CRIME WATCH, INC.**FILED**
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90317 044 ****70.00

712256

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**10370 SW 149TH TERR
MIAMI FL 33176**

Mailing Address

**10370 SW 149TH TERR
MIAMI FL 33176**

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

65-0610590

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BALDWIN, GEORGE
10370 SW 149TH TERR
MIAMI FL 33176**

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 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 ☐ Delete
NAME **PD**
STREET ADDRESS **BALDWIN, GEORGE**
CITY-ST-ZIP **10370 SW 149TH TERR
MIAMI FL 33176**TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **TOOKES, LAVADA**
CITY-ST-ZIP **11260 WASHINGTON BLVD
MIAMI FL 33176**TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **HAGAN, DOROTHY**
CITY-ST-ZIP **14401 SW 105TH AVE
MIAMI FL 33176**TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **MCCOY, ARSIMMER**
CITY-ST-ZIP **11260 SW 138TH TERR
MIAMI FL 33176**TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **DANIELS, TOMMIE C**
CITY-ST-ZIP **14215 JACKSON ST
MIAMI FL 33176**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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 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

2/1/01

305-235-3667

Date

Daytime Phone #

CR2E037 (10/00)