

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90080 009 \*\*\*\*70.00

**DOCUMENT # N96000004245**

1. Entity Name

**THE INNER-CITY BRIGHTER LIFE FOUNDATION, INC.**

Principal Place of Business

**4403 JOHN BELL DRIVE  
TAMPA FL 33610**

Mailing Address

**P.O. BOX 310912  
TAMPA FL 33680**

2. Principal Place of Business

3. Mailing Address

*P.O. BOX 310912*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*TAMPA FL*

4. FEI Number

**59-3396533**

Applied For

Not Applicable

Zip

Country

Zip

Country

*33680 Hills USA*

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

**JACOBS, SOLOMON  
4403 JOHN BELL DR  
TAMPA FL 33610**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **JACOBS, SOLOMON**  
CITY-ST-ZIP **4403 JOHN BELL DR  
TAMPA FL 33610**

TITLE ☐ Change ☒ Addition  
NAME **Director**  
STREET ADDRESS **Mozetta Randle**  
CITY-ST-ZIP **8948 Temple Trc Hwy TAMPA FL 33637**

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **JACOBS, CHEVELLA**  
CITY-ST-ZIP **3038 38TH ST  
TAMPA FL 33605**

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

TITLE ☐ Delete  
NAME **VP**  
STREET ADDRESS **JACOBS, LATOSHA**  
CITY-ST-ZIP **12768 PALMER CIRCLE  
TAMPA FL 33617**

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

TITLE ☐ Delete  
NAME **DT**  
STREET ADDRESS **BELL, AUDREY**  
CITY-ST-ZIP **3208-E IDA ST  
TAMPA FL 33617**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **JONES, JOHNNY REV**  
CITY-ST-ZIP **4206 CARMEN ST  
TAMPA FL 33605**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ROBINSON, GEORGE**  
CITY-ST-ZIP **4315 LEMAN STREET  
TAMPA FL 33607**

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

SIGNATURE:

*Solomon Jacobs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*01-04-01 630-9342*

CR2E037 (10/00)