

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000001

1. Entity Name

YESTERDAY, TODAY, AND TOMORROW FAMILY CLUB INC.

**FILED**  
May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90015 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

890 NW 213 LANE STE 105  
MIAMI FL 33169

1340 NW 135TH ST  
MIAMI FL 33167-1703  
US

2. Principal Place of Business

3. Mailing Address

1340 NW 135 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33167-1703

Dade

4. FEI Number

65-0728790

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

MCPHEE, ANTHONY  
890 NW 213 LANE STE 105  
MIAMI FL 33169

Name

William Seymour

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

1340 NW 135 ST

City

Miami

FL

Zip Code

33167-1703

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 *William Seymour*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-00

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 P ☒ Delete  
NAME MCPHEE, ANTHONY  
STREET ADDRESS 1340 NW 135TH ST  
CITY-ST-ZIP MIAMI FL 33167

TITLE President ☒ Change ☐ Addition  
NAME William Seymour  
STREET ADDRESS 1340 NW 135 ST  
CITY-ST-ZIP MIAMI, FL 33167-1703

TITLE T ☐ Delete  
NAME SEYMOUR, JOSEPH  
STREET ADDRESS 1340 NW 135TH ST.  
CITY-ST-ZIP MIAMI FL 33167

TITLE Treasurer ☒ Change ☐ Addition  
NAME Linda Jones  
STREET ADDRESS 1340 NW 135 ST  
CITY-ST-ZIP MIAMI, FL 33167-1703

TITLE V ☐ Delete  
NAME SEYMOUR, WILLIAM  
STREET ADDRESS 1340 NW 135TH ST.  
CITY-ST-ZIP MIAMI FL 33167

TITLE Vice President ☒ Change ☐ Addition  
NAME Joseph L. Seymour  
STREET ADDRESS 1340 NW 135 ST  
CITY-ST-ZIP MIAMI, FL 33167-1703

TITLE S ☐ Delete  
NAME SEYMOUR, JOYCELYN  
STREET ADDRESS 1340 NW 135TH STREET  
CITY-ST-ZIP MIAMI FL 33167

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

TITLE T ☐ Delete  
NAME WOOTEN, MARSHA  
STREET ADDRESS 1340 NW 135TH ST  
CITY-ST-ZIP MIAMI FL 33167

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

TITLE T ☐ Delete  
NAME FANNETTE MCPHEE  
STREET ADDRESS 1340 NW 135TH ST.  
CITY-ST-ZIP MIAMI FL 33167

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: *William Seymour*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00 305-681-2459

Date

Daytime Phone #

CR2E037 (9/99)