

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000410

1. Entity Name

HIGHWAY COMMUNITY OUTREACH, INC.

Principal Place of Business

4441 W. SUNRISE BLVD.
PLANTATION FL 33313

Mailing Address

PO OFFICE BOX 16690
PLANTATION FL 33313
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

65-0724749

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

MITCHELL, WILLETT DR.
4441 W SUNRISE BLVD
PLANTATION FL 33313

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 PD
NAME MITCHELL, WILLETT DR.
STREET ADDRESS PO BOX 16690
CITY-ST-ZIP PLANTATION FL 33318 ☐ Delete

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

TITLE SD
NAME AUSTIN, S D DR.
STREET ADDRESS PO BOX 16690
CITY-ST-ZIP PLANTATION FL 33318 ☐ Delete

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

TITLE TD
NAME SMITH, B J
STREET ADDRESS 1520 WILTSHIRE VILLAGE DR.
CITY-ST-ZIP W PALM BEACH FL 33409 ☐ Delete

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

TITLE MEM
NAME MAJORS, JIMMIE
STREET ADDRESS 4424 STEPPLETON WAY
CITY-ST-ZIP CHARLOTTE NC 28215 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Dr. Willett Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. WILLETT MITCHELL
Pres.

4/1/2001 (234) 484-6410
Date Daytime Phone #

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90033 032 *****70.00

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DO NOT WRITE IN THIS SPACE

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