

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001641

1. Entity Name

WORLD LITERACY CRUSADE OF FLORIDA, INC.

Principal Place of Business

7338 PEPPER PIKE DRIVE
MIAMI FL 33015

Mailing Address

P.O. BOX 693956
MIAMI FL 33269

2. Principal Place of Business

215 N. Perviz Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Opa-Locka, Florida

City & State

Opa-Locka, Florida

Zip

33054

Country

U.S.

Zip

Country

4. FEI Number

65-0737649

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, THEMA
7338 PEPPER PIKE DRIVE
MIAMI FL 33015

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	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, THEMA	
STREET ADDRESS	7338 PEPPER PIKE DRIVE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, LATRISHA	
STREET ADDRESS	7338 PEPPER PIKE DRIVE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAYNES, EDWARD L	
STREET ADDRESS	7338 PEPPER PIKE DRIVE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	215 N. Perviz Avenue
STREET ADDRESS	Opa-Locka, FL 33054
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	215 N. Perviz Avenue
STREET ADDRESS	Opa-Locka, FL 33054
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Claude He Cannon
STREET ADDRESS	215 N. Perviz Avenue
CITY-ST-ZIP	Opa-Locka, FL 33054
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

305 333 7546

Daytime Phone #

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

05-02-2000 90158 033 ****70.00

00073700



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)