

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 29 AM 9:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N97000002659**

1. Entity Name
United Community Outreach, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
810 McCormick Street

Suite, Apt. #, etc.

City & State
Leesburg FL

Zip
34748

Country
USA

3. Mailing Address
340 W Oak Terrace Drive

Suite, Apt. #, etc.

158

City & State
Leesburg FL

Zip
34748

Country
USA

4. FEI Number
59-344248

Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
Alonzo C. Brown

Street Address (P.O. Box Number is Not Acceptable)
7230 PLANTAIN DRIVE

City
ORLANDO

FL

Zip Code
32818

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
Alonzo C. Brown
7230 PLANTAIN DRIVE
Orlando FL 32818**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D
Lucy Jenkins
1004 Beecher Street
Leesburg FL 34748**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/D
Beatrice W. Tillman
2115 Harlem Avenue
Leesburg FL 34748**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Beatrice W. Tillman Beatrice W. Tillman 5/29/03 352357 3490**

CR2E037B (12/02)