

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000459

1. Entity Name

JOE ROACH MINORITY JUNIOR GOLF FOUNDATION, INC.

Principal Place of Business

Mailing Address

3755 OAK AVENUE
MIAMI FL 33133

3755 OAK AVENUE
MIAMI FL 33133-4806

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

65-0808289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELANCEY, JOSEPH L
3755 OAK AVENUE
MIAMI FL 33133

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BAKER, DOROTHY	
STREET ADDRESS	C/O 3755 OAK AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEAVER, WILLIAM	
STREET ADDRESS	C/O 3755 OAK AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, ARLENE	
STREET ADDRESS	C/O 3755 OAK AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAKER-BOUIE, SABRINA	
STREET ADDRESS	C/O 3755 OAK AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Weaver	
STREET ADDRESS	c/o 3755 Oak Avenue	
CITY-ST-ZIP	Miami, FL 33133	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90016 012 ****61.25



DO NOT WRITE IN THIS SPACE

2-14-00 305441091