

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90036 003 ****70.00

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**

2. Principal Place of Business

3. Mailing Address

3755 OAK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33133**DADE**

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

7. Name and Address of New Registered Agent

**DELANCEY, JOSEPH L
3755 OAK AVENUE
MIAMI FL 33133**

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	WEAVER, WILLIAM	C/O 3755 OAK AVENUE	MIAMI FL 33133	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	WEAVER, WILLIAM	C/O 3755 OAK AVENUE	MIAMI FL 33133	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	BAKER-BOUIE, SABRINA	C/O 3755 OAK AVENUE	MIAMI FL 33133	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	JENKINS, PATRICIA	3755 OAK AVE SE	MIAMI FL 33133	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

2-8-02**305 441 0917**

CR2E037 (9/01)