

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0007614

DOCUMENT # N98000000459

1. Entity Name  
JOE ROACH MINORITY JUNIOR GOLF FOUNDATION, INC.



FILED

03 DEC 18 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3755 OAK AVENUE  
MIAMI FL 33133

Mailing Address  
3755 OAK AVENUE  
MIAMI FL 33133

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 William L. WEAVER  
Street Address (P.O. Box Number is Not Acceptable) 3755 OAK AVE  
City Miami FL Zip Code 33133

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 William L. Weaver

12/10/03

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME WEAVER, WILLIAM  
STREET ADDRESS C/O 3755 OAK AVENUE  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100023915701  
CITY-ST-ZIP 10/17/03--01077--021 \*\*236.25

TITLE VD  
NAME WEAVER, WILLIAM  
STREET ADDRESS C/O 3755 OAK AVENUE  
CITY-ST-ZIP MIAMI FL 33133 ☒ Delete

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

TITLE TD  
NAME BAKER-BOUIE, SABRINA  
STREET ADDRESS C/O 3755 OAK AVENUE  
CITY-ST-ZIP MIAMI FL 33133 ☒ Delete

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

TITLE S  
NAME JENKINS, PATRICIA  
STREET ADDRESS 3755 OAK AVE SE  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: William L. Weaver

10/5/03 3093822702

CR2E037 (4/03)