

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000904

1. Entity Name

THE BROWARD COUNTY COMMUNITY ACTION AGENCY, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90042 018 ****61.25

Principal Place of Business

2633 NE 3 AVE.
WILTON MANORS FL 33334

Mailing Address

2633 NE 3 AVE.
WILTON MANORS FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0815166

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALLSWORTH, E S ESO
1177 S.E. THIRD AVENUE
FORT LAUDERDALE FL 33316

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 type="checkbox"/> Delete
NAME	POITIER, SYLVIA	
STREET ADDRESS	285 SW 1ST TERRACE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSS, DOROTHY	
STREET ADDRESS	308 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GREENE, EDEE	
STREET ADDRESS	1639 N.E. 26TH STREET	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, TYSON	
STREET ADDRESS	4421 N.W. 21ST STREET	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRATT, RICHARD	
STREET ADDRESS	524 N.E. 31ST COURT	
CITY-ST-ZIP	WILTON MANORS FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, GRETCHEN	
STREET ADDRESS	900 NW 31 AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<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:

Gretchen Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gretchen Thompson 2/04/2000

Date

954-327-8797

Daytime Phone #

CR2E037 (9/99)