

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90081 043 \*\*\*\*61.25

**DOCUMENT # N98000001135**

1. Entity Name

**RAFORD AND PHELP FAMILY REUNION, INC.**

Principal Place of Business

Mailing Address

5201 WILEY STREET  
 HOLLYWOOD FL 33021

5201 WILEY STREET  
 HOLLYWOOD FL 33021-8027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0818305**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAFORD, CLARENCE J SR**  
**5201 WILEY STREET**  
**HOLLYWOOD FL 33021**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **D OSBORNE, TONEY C SR**  
 STREET ADDRESS **3348 NW 23 CT**  
 CITY-ST-ZIP **LAUDLAKES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP BUSSEX, MICHAEL**  
 STREET ADDRESS **6911 SW 10 CT**  
 CITY-ST-ZIP **NORTH LAUDERDALE FL 33868**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S HOWELL, IRENE**  
 STREET ADDRESS **4820 SW 19 ST**  
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **AS ROSS, CATHY**  
 STREET ADDRESS **4300 NE 6TH AVENUE**  
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T MOORE, ANNIE LEE**  
 STREET ADDRESS **2710 SW 54 AVENUE**  
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **ST RAFORD, ALTHENA**  
 STREET ADDRESS **5201 WILEY STREET**  
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

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:

*Signature of Clarence J. Sr. Raford*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-2000  
 Date

(954) 987-7433  
 Daytime Phone #