

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004235

1. Entity Name

LOVE OUTREACH, INC.

Principal Place of Business

17221 N.W. 41ST AVENUE  
CAROL CITY FL 33055-4444

Mailing Address

17221 N.W. 41ST AVENUE  
CAROL CITY FL 33055-4444

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

65-0852291

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, OBBIE LEE  
17221 N.W. 41ST AVENUE  
CAROL CITY FL 33055-4444

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	PC	<input type="checkbox"/> Delete
NAME	JOHNSON, OBBIE L	
STREET ADDRESS	17221 NW 41ST AVE.	
CITY-ST-ZIP	OPA LOCKA FL 33055	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JOHNSON, MARY	
STREET ADDRESS	17221 NW 41ST AVE.	
CITY-ST-ZIP	OPA LOCKA FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, FRANCES	
STREET ADDRESS	915 NW 1ST AVE.	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FLOWERS, MARY	
STREET ADDRESS	2990 NW 65TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDS, JOYCE	
STREET ADDRESS	3430 NW 196TH LANE	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOVE, EVA	
STREET ADDRESS	14421 JEFFERSON ST.	
CITY-ST-ZIP	RICHMOND HEAGHTS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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  
Jun 05, 2000 8:00 am  
Secretary of State

06-05-2000 90492 001 \*\*\*\*61.25

06-05-2000 90492 002 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

CR25037 (9/99)