

2000 UNIFORM BUSINESS REPORT (UBR)

7/2

FILED
Aug 22, 2000 8:00 am
Secretary of State

07-21-2000 90158 028 ****61.25

DOCUMENT # N98000006678

1. Entity Name

INNER CITY YOUTH OF SOUTH FLORIDA-YOUTH ATHLETIC *YAY*

Principal Place of Business

2950 NW 171 ST
 MIAMI FL 33056
 US

Mailing Address

2950 NW 171 ST
 MIAMI FL 33056
 US

2. Principal Place of Business

2950 N.W. 171st
 Suite, Apt. #, etc.

3. Mailing Address

2950 N.W. 171st
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL
 Zip *33056* Country *USA*

City & State

Miami, FL
 Zip *33056* Country *USA*

4. FEI Number

62-0943813

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

COLEBROOK, ARTHUR
 4220 NW 173RD DRIVE
 MIAMI FL 33055

7. Name and Address of New Registered Agent

Name *Colebrook, Arthur*
 Street Address (P.O. Box Number is Not Acceptable)
4220 N.W. 173 Dr
 City *Miami* FL Zip Code *33055*

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
After September 13, 2000 min. will be \$236.25

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	FSTD	<input type="checkbox"/> Delete
NAME	MCDUFFIE, LUNDA	
STREET ADDRESS	2950 NW 171ST STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAMPBELL DEWAR, JOAN	
STREET ADDRESS	4420 NW 172ND DR	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAWKINS, ANTHONY	
STREET ADDRESS	4430 NW 173RD DR	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COLEBROOK, ARTHUR	
STREET ADDRESS	4220 NW 173RD DR	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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:

Arthur Colebrook
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00
 Date

305-624-0503
 Daytime Phone #

CF2E037 (5/00)