

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-26-2000 90101 007 ****61.25

DOCUMENT # N99000000347

1. Entity Name

GREEN-DANIELS-RUSSELL SCHOLARSHIP FUND, INC.

Principal Place of Business

19625 S.W. 99TH CT.
MIAMI FL 33157

Mailing Address

19625 S.W. 99TH CT.
MIAMI FL 33157-8602

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOOTEN, MYRTLE
19625 S.W. 99TH CT.
MIAMI FL 33157

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 ☐ Delete
NAME **Secretary**
STREET ADDRESS **Desdemona Coleman - Director**
CITY - ST - ZIP **10122 S.W. 200th Terrace**
Miami, FL 33187

TITLE ☐ Delete
NAME **President**
STREET ADDRESS **Samuel Green - Director**
CITY - ST - ZIP **2027 Prince Hall Drive N. 2A**
Detroit, Michigan 48207

TITLE ☐ Delete
NAME **Treasurer**
STREET ADDRESS **Myrtle Wooten - Director**
CITY - ST - ZIP **19625 S.W. 99th Ct**
Miami, FL 33157

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

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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: Myrtle Wooten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 May 2000 305-251-5361

Date

Daytime Phone #

CR2E037 (9/99)