

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
Jun 19, 2000 8:00 am
Secretary of State

04-28-2000 90480 001 *1,022.50

DOCUMENT # N99000000878

1. Entity Name

DEEDCO OLD CUTLER OAKS, INC.

Principal Place of Business

Mailing Address

141 N.E. 3RD AVE. STE. 500
MIAMI FL 33132

141 N.E. 3RD AVE. STE. 500
MIAMI FL 33132-2221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEJ Number

65-0859006

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WILLIAMS, LILLIE M

141 N.E. 3RD AVE. STE. 500
MIAMI FL 33132

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	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, LILLIE M	
STREET ADDRESS	141 N.E. 3RD AVE. STE. 500	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKENZIE, WILFRED	
STREET ADDRESS	141 N.E. 3RD AVE. STE. 500	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALGAZE, PATRICIA	
STREET ADDRESS	141 N.E. 3RD AVE. STE. 500	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur Jackson	
STREET ADDRESS	141 N.E. Third Ave. Suite 500	
CITY-ST-ZIP	Miami, FL 33132	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

305 577-8080

Daytime Phone #

CR2E037 (9/99)