

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001952

1. Entity Name

PERDUE COMMUNITY STUDY CENTER, INC.

N99000001952

FILED

00 JUN -1 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

251 SW 8TH ST  
DELRAY BEACH FL 33444

Mailing Address

251 SW 8TH ST  
DELRAY BEACH FL 33444-2311

2. Principal Place of Business

3. Mailing Address

2620 N. W. 9th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pompano Beach, FL

4. FEI Number

65-0923664

Applied For

Not Applicable

Zip

Country

Zip

Country

33069

USA

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

PERDUE, WILLIE JR.  
251 SW 8TH ST  
DELRAY BEACH FL 33444

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 PD  
NAME PERDUE, WILLIE JR.  
STREET ADDRESS 2620 NW 9TH CT  
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME 000003309470  
STREET ADDRESS -06/30/00--01014--008  
CITY-ST-ZIP \*\*\*\*\*122-50 \*\*\*\*\*01 ☐ Change ☐ Addition

TITLE SD  
NAME EVANS, EVELYN  
STREET ADDRESS 2170 S SEACREST BLVD  
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME PERDUE, KAREN  
STREET ADDRESS 2620 NW 9TH CT  
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME DAVIS, FREDDIE M.  
STREET ADDRESS 2619 NW 9TH CT  
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME PERDUE, CONNIE  
STREET ADDRESS 631 KATHERINE LN, APT C  
CITY-ST-ZIP MARGATE FL 33069 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 517, 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 PERDUE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

022 E037 (9/99)

SP