

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000002887**

1. Entity Name

THE CAROL CITY COMMUNITY CENTER, INC.

Principal Place of Business

**BRICKELL BAY VIEW CENTRE, SUITE 1830
80 SOUTHWEST 8TH STREET
MIAMI FL 33130**

Mailing Address

**BRICKELL BAY VIEW CENTRE, SUITE 1830
80 SOUTHWEST 8TH STREET
MIAMI FL 33130-3003**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, THOMASINA H
BRICKELL BAY VIEW CENTRE, SUITE 1830
80 SOUTHWEST 8TH STREET
MIAMI FL 33130**

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 of, typed or printed name of Registered agent, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/>
	WILLIAMS, THOMAS H JR						
	150 W FLAGLER ST., STE. 2200						
	MIAMI FL 33130						
	D	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/>
	BRUNSON, ANTHONY						
	1 SOUTHEAST 3RD AVE., STE. 2100						
	MIAMI FL 33131						
	D	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/>
	JONES, SHALLEY A						
	1000 BRICKELL AVE., STE. 600						
	MIAMI FL 33131						
		<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/>
		<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/>
		<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/>

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 11, as changed, or on an attachment with an address, with all other lists empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 MAR 24 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0934754

Applied For

Not Applied For

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

1 February 2000

SP

SIGNATURE: **THOMAS H. WILLIAMS JR.** 1 FEB 00 (305) 789-3