

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004177

1. Entity Name

HISLIFE.HERLIFE INNERCITY OUTREACH OF AMERICA, I

Principal Place of Business

2254 DOUGLAS ST.  
HOLLYWOOD FL 33020

Mailing Address

2254 DOUGLAS ST.  
HOLLYWOOD FL 33020-1426

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0936692

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

ADDISON, WILLIE JR  
2254 DOUGLAS ST.  
HOLLYWOOD FL 33020

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 D ☐ Delete  
NAME ANDERSON, MICHAEL K  
STREET ADDRESS 2254 DOUGLAS ST.  
CITY-ST-ZIP HOLLYWOOD FL 33020

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

TITLE DP ☐ Delete  
NAME ADDISON, WILLIE JR  
STREET ADDRESS 2254 DOUGLAS ST.  
CITY-ST-ZIP HOLLYWOOD FL 33020

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

TITLE DT ☒ Delete  
NAME WILLIAMS, SAMUEL L  
STREET ADDRESS 2350 DOUGLAS ST.  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE DT ☐ Change ☒ Addition  
NAME MACK, TYMIRA W  
STREET ADDRESS 4131 SW 27 ST.  
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE DS ☐ Delete  
NAME BLOCKER, JACQUELINE  
STREET ADDRESS 2323 SIMMS ST.  
CITY-ST-ZIP HOLLYWOOD FL 33020

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

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 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:

*Willie Addison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-17-00

Daytime Phone #

954-922-6098

CR2E037 (9/99)