

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 27, 2000 8:00 am  
Secretary of State

05-19-2000 90030 002 \*\*\*\*61.25

DOCUMENT # N99000004243

1. Entity Name

THE FOUNDATIONS FOR INDEPENDENCE AND GROWTH, INC

Principal Place of Business

1230 HAMPTON BOULEVARD  
APARTMENT 327  
NORTH LAUDERDALE FL 33068

Mailing Address

1230 HAMPTON BOULEVARD  
APARTMENT 327  
NORTH LAUDERDALE FL 33068-5359

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. Filing Number

651004119

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

PAYNE, JESSE J  
1230 HAMPTON BOULEVARD  
APARTMENT 327  
NORT LAUDERDALE FL 33068

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	Executive Director	<input type="checkbox"/> Delete
NAME	Jesse J Payne	
STREET ADDRESS	1230 Hampton Blvd # 327	
CITY-ST-ZIP	North Lauderdale FL 33068	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Wayne Lomax	
STREET ADDRESS	P.O. Box 323003	
CITY-ST-ZIP	Pembroke Pines FL 33062	
TITLE	Secretary/Director	<input type="checkbox"/> Delete
NAME	Charles Masley	
STREET ADDRESS	701 NW 18th Ave	
CITY-ST-ZIP	Ft. Lauderdale FL 33311	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Briden Fleurnard	
STREET ADDRESS	919 NW 100th St	
CITY-ST-ZIP	Miami FL 33150	
TITLE	Treasurer/Director	<input type="checkbox"/> Delete
NAME	Yolanda Payne	
STREET ADDRESS	1230 Hampton Blvd #327	
CITY-ST-ZIP	North Lauderdale FL 33068	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Briden Fleurnard	
STREET ADDRESS	919 NW 100th St	
CITY-ST-ZIP	Miami FL 33150	

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		<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2000

Daytime Phone #

CR2007 (9/99)