

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004517

1. Entity Name

R.M. LEE COMMUNITY DEVELOPMENT CENTER, INC.

Principal Place of Business

Mailing Address

900 N. SEACREST BLVD.
BOYNTON BCH FL 33435

900 N. SEACREST BLVD.
BOYNTON BCH FL 33435-3002

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

☒ 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

SCHWARTZ, HOWARD L
2101 CORPORATE BLVD., N.E., SUITE 414
BOCA RATON FL 33431

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 LEE, R.M.
STREET ADDRESS 900 N. SEACREST BLVD.
CITY-ST-ZIP BOYNTON BCH FL 33435

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

TITLE D ☐ Delete
NAME STEPHENS, DAISY
STREET ADDRESS 16 VIA DECASAS SUR #204
CITY-ST-ZIP BOYNTON BCH FL 33426

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

TITLE D ☐ Delete
NAME SHERROD, OCTAVIA
STREET ADDRESS 150 NE 17TH CT.
CITY-ST-ZIP BOYNTON BCH FL 33434

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

TITLE D ☐ Delete
NAME BUTLER, KATIE M
STREET ADDRESS 721 N. AUSTRALIAN AVE.
CITY-ST-ZIP W. PALM BCH FL 33401

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

TITLE D ☐ Delete
NAME WALKER, ORIS
STREET ADDRESS 707 NW 3RD ST.
CITY-ST-ZIP BOYNTON BCH FL 33435

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

TITLE D ☐ Delete
NAME ODOM, YVONNE
STREET ADDRESS 3905 LOWSON BLVD.
CITY-ST-ZIP DELRAY BCH FL 33445

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:  **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90011 041 ****70.00



DO NOT WRITE IN THIS SPACE

2/28/00 561.732.2377