

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004561

1. Entity Name

MOUNT EVERETT RESOURCE AND DEVELOPMENT CENTER IN

Principal Place of Business

Mailing Address

318 NW 9TH STREET  
HALLANDALE FL 33309

318 NW 9TH STREET  
HALLANDALE FL 33309

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

65-0987626

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

WALLACE, RONNIE  
318 NW 9TH STREET  
HALLANDALE FL 33309

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 WALLACE, RONNIE  
STREET ADDRESS 1411 NW 46TH AVENUE  
CITY-ST-ZIP LAUDERHILL FL 33313 ☐ Delete

TITLE D  
NAME ANDERSON, DALE  
STREET ADDRESS 4610 S.W. 36TH STREET  
CITY-ST-ZIP HOLLYWOOD, FLORIDA 33020 33023 ☐ Change ☒ Addition

TITLE SD  
NAME SUTHERLAND, DEBRA  
STREET ADDRESS 824 NW 7TH AVENUE  
CITY-ST-ZIP HALLANDALE FL 33142 ☐ Delete

TITLE D  
NAME BROWN, DARRELL H.  
STREET ADDRESS 1609 S. 24TH COURT  
CITY-ST-ZIP HOLLYWOOD, FLORIDA 33020 ☐ Change ☒ Addition

TITLE TD  
NAME STRACHAN, LESLIE  
STREET ADDRESS 4190 SW 22ND STREET  
CITY-ST-ZIP HOLLYWOOD FL 33023 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

Apr 2, 2001 954 454 2203

Date

Daytime Phone #

CR2E037 (10/00)

0032183

FILED  
Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90280 015 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE