## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an ad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **FILED** DOCUMENT # **N99000004593** Mar 07, 2000 8:00 am 1. Entity Name **Secretary of State** SOUTH BROWARD COALITION, INC. 03-07-2000 90064 017 \*\*\*\*70.00 Principal Place of Business Mailing Address 4650 S.W. 24 STREET 4650 S.W. 24 STREET HOLLYWOOD FL 33023-3354 HOLLYWOOD FL 33023-3354 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ... -... Street Address (P.O. Box Number is Not Acceptable) HAWKINS, LEE 4650 S.W. 24 STREET HOLLYWOOD FL 33023-3354 City 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PRESIDENT / DIRECTOR Addition CR2E037 (9/99) ☐ Change TITLE TITLE ☐ Delete Lee Haukins NAME WALLACE-HAWKINS, JORETTA M.ED. NAME 4650 S.W. 24 STAFFF STREET ADDRESS STREET ADDRESS 4650 S.W. 24 STREET CITY-ST-ZIP Hollywood, FL 33028-3354 CITY-ST-ZIP HOLLYWOOD FL 33023-3354 ☐ Change Addition TITLE D ☐ Delete TITLE NAME NAME HAYNES, ERIC STREET ADDRESS STREET ADDRESS 4701 N.W. 41 COURT CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33319 Change ☐ Addition ☐ Delete TITLE NAME ROSS, LYDIA NAME STREET ADDRESS STREET ADDRESS 501 N.E. 96 STREET CITY-ST-7IP CITY-ST-ZIP MIAMI SHORES FL 33138 Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling thes fol 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 the analysis 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 employees the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if