

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDMENT

DOCUMENT # N9 900000 4593

1. Entity Name

South Broward Coalition, Inc.

Principal Place of Business

Mailing Address

16254 SW 18 Place
Miramar, FL 33027

Same

2. Principal Place of Business

16254 SW 18 Place

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Same

Zip

33027

Country

USA

Zip

Same

Country

Same

4. FEI Number

65-0971174

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 OCT 22 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

Lee Hawkins

16254 SW 18 Place
Miramar, FL 33027

7. Name and Address of New Registered Agent

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

TITLE: President / Director
NAME: Lee Hawkins
STREET ADDRESS: 16254 SW 18 Place
CITY-ST-ZIP: Miramar, FL 33027 ☐ Delete

TITLE: Chairman / Director
NAME: Wallace-Hawkins, Joretta
STREET ADDRESS: 16254 SW 18 Place
CITY-ST-ZIP: Miramar, FL 33027 ☐ Delete

TITLE: Vice Chairman / Director
NAME: Hayes, Eric
STREET ADDRESS: 4701 NW 41 Court
CITY-ST-ZIP: Lauderdale Lakes, FL 33319 ☐ Delete

TITLE: Secretary / Director
NAME: Lydia Ross
STREET ADDRESS: 501 NW 96 Street
CITY-ST-ZIP: Miami Shores, FL 33138 ☐ Delete

TITLE: Director
NAME: Jones, Bishop W.J.
STREET ADDRESS: 2261 NW 58 Street
CITY-ST-ZIP: Miami, FL 33147 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Chaplain / Director
NAME: Regina Sherman Lanier
STREET ADDRESS: 17024 NW 20 Street
CITY-ST-ZIP: Pembroke Pines, FL 33028 ☐ Change ☒ Addition

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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

Date

Daytime Phone #

10/18/01 (954) 540-9295

CR2E037 (11/00)