

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90245 045 ****70.00

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1. Entity Name

THE 7TH AVENUE RECOVERY CENTER, INC.



Principal Place of Business

**25 NORTHWEST 7TH AVENUE
FORT LAUDERDALE FL 33311**

Mailing Address

**25 NORTHWEST 7TH AVENUE
FORT LAUDERDALE FL 33311**

90022255

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

16 NE 4TH Street

Suite, Apt. #, etc.

100

City & State

Ft. Lauderdale, FL

Zip

33301

Country

4. FEI Number **31-1693350**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MOORE, MATHIS
3333 N.E. 20 AVENUE
FT. LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

Name

Mathis Moore

Street Address (P.O. Box Number is Not Acceptable)

16 NE 4 STREET #100

City

FT. LAUDERDALE

FL

Zip Code

33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Mathis Moore

MATHIS MOORE - PRESIDENT 12/31/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MOORE, MATHIS**
STREET ADDRESS **3333 NE 20 AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

TITLE **VD** ☐ Delete
NAME **BLANTON, MITCHELL D**
STREET ADDRESS **1779 LAUDERDALE MANOR DRIVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **SD** ☐ Delete
NAME **VAUGHN, CLARENCE**
STREET ADDRESS **1617 NORTHWEST 7 PLACE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **TD** ☐ Delete
NAME **ALEXANDER, OCTAVE**
STREET ADDRESS **1139 ALABAMA AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **CCD** ☐ Delete
NAME **MCGHEE, JUANITA**
STREET ADDRESS **705 RIVERSIDE DRIVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **ED** ☐ Delete
NAME **MOORE, KATHERINE**
STREET ADDRESS **3333 NORTHEAST 20 AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **16 NE 4TH STREET #100**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **16 NE 4TH STREET #100**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

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 duly empowered.

SIGNATURE:

Mathis Moore

MATHIS MOORE 12/31/02 954.779.7041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)