2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90081 002 ****61.25

DOCUMENT # N00000000140

1. Entity Name

ASSOCIATION FOR THE ADVANCEMENT OF UGANDAN AMERI CANS, INC.

Principal Place of Business	Mailing Address
35 AMADOR VILLAGE CIR., UNIT 32 HAYWARD CA 94544	PO BOX 3691 HAYWARD CA 94540-3691

DO NOT WRITE IN THIS SPACE

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 65-1007558 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OTENGHO, SUNDAY-JOSEPH
12203 BRISBANE LANE
WELLINGTON FL 33414-5533

7. Name and Address of New Registered Agent

Name: Kimberly Sellards
Street Address (P.O. Box Number is Not Acceptable): 7017 Southeast Delegate Street
City: Hobe Sound **FL** Zip Code: 33455

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: Kimberly Sellards — Signature, typed or printed name of registered agent and title if applicable.
Kim Sellards, Secretary — (NOTE: Registered Agent signature required when reinstating)
04/08/02 — 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OTENGHO, SUNDAY-JOSEPH DR 12203 BRISBANE LANE WELLINGTON FL 33414-5533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Otengho, Sunday-Joseph Dr. 35 Amador Village Circle, Unit 32 Hayward, CA 94544-1267	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD OTENGHO, CAROL R 12203 BRISBANE LANE WELLINGTON FL 33414-5533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD Otengho, Carol R. 35 Amador Village Circle, Unit 32 Hayward, CA 94544-1267	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WAMPAMBA, MARGARET A 2424 DEW MEADOW COURT HERNDON VA 20171	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD Sellards, Kimberly 7017 Southeast Delegate Street Hobe Sound, FL 33455	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KALANZI, NICHOLAS 2044 BIRCHWOOD AVENUE CHICAGO IL 60645	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD Temple, Bernadine J. 3503 Skyline Drive Hayward, CA 94542-2503	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GRAY, NANCY B 5064 PINE ABBEY DRIVE SOUTH WEST PALM BEACH FL 33415	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Lwanga, Sebastiane 4018 Esters Road, Apartment 2065 Irving, TX 75038-1422	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MUREEBA, DAVID T 5720 LBJ FREEWAY STE 420 DALLAS TX 75240	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Kabenge, Raymond 14026 Vista Drive, Suite 82-A Laurel, MD 20707-5800	☐ Change XX Addition

CR2E037 (9/01)

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: Kimberly Sellards — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kim Sellards, Secretary — Date
04/08/02 — Daytime Phone #
561-876-8985

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

DOCUMENT # N00000000140

1. Entity Name

Association For The Advancement of UGANDAN Americans, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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

FEE IS $61.25
Initial or Amended UBR

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	VD Addition
NAME	Kabenge, Julian
STREET ADDRESS	14026 Vista Drive, Suite 82-A
CITY-ST-ZIP	~~Laurel, MD 20707-5800~~
TITLE	VD Addition
NAME	Omwenga, Samuel
STREET ADDRESS	1730 K Street Northwest, Suite 304
CITY-ST-ZIP	~~Washington, DC 20006~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037B (12/01)

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 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 #

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000140

Entity Name

ASSOCIATION FOR THE ADVANCEMENT OF UGANDAN AMERI

Principal Place of Business	Mailing Address
12203 BRISBANE LANE WELLINGTON FL 33414	PO BOX 20675 W. PALM BEACH FL 33416

DO NOT WRITE IN THIS SPACE

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 65-1007558 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OTENGHO, SUNDAY-JOSEPH
#150, 500 N. CONGRESS AVE.
WEST PALM BEACH FL 33401-2918

7. Name and Address of New Registered Agent

Name: OTENGHO, SUNDAY-JOSEPH

Street Address (P.O. Box Number is Not Acceptable): 12203 BRISBANE LANE

City: WELLINGTON FL Zip Code: 33414-553

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dr. Emmanuel Kintu 115 Bennington Commons Court St. Louis, MO 63146-2595 ☐ Change ☒ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mr. Ben Nyende 1023 Archibald, Apt. G Ontario, CA 91764 ☐ Change ☒ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Father Francis Tebangura 2301 Pontoon Road Granite City, IL 62040 ☐ Change ☒ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
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