

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90007 038 \*\*\*\*61.25

**DOCUMENT # N25984**

1. Entity Name

**BLACK ON BLACK CRIME TASK FORCE GAINESVILLE, ALA**

Principal Place of Business

505 NW 2ND AVENUE  
 GAINESVILLE FL 32602

Mailing Address

POST OFFICE BOX 2607  
 GAINESVILLE FL 32602-2607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3369794**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ELLIS, LARRY T**  
**5400 NW 39TH AVENUE**  
**M-103**  
**GAINESVILLE FL 32606**

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:**  
**FEES 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  Delete  
 NAME **CD WILLIAMS, ROSA B**  
 STREET ADDRESS **423 NW 6TH PLACE**  
 CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE  Delete  
 NAME **VCD WOODY, ROBERT**  
 STREET ADDRESS **608 SE 12TH STREET**  
 CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE  Delete  
 NAME **VCD WHITE, ALBERT**  
 STREET ADDRESS **6423 NW 42ND LANE**  
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE  Delete  
 NAME **T POOLE, DEAN G**  
 STREET ADDRESS **2531 NW 41ST STREET., A-2**  
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Rosa B Williams*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/3/00*  
 Date

*3529555958*  
 Daytime Phone #



DO NOT WRITE IN THIS SPACE