

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31095

1. Entity Name

THE ASSOCIATION FOR THE IMPROVEMENT OF MINORITIE

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90006 038 ****61.25

0013201

Principal Place of Business

P O BOX 5576
 JACKSONVILLE FL 32247

Mailing Address

P O BOX 5576
 JACKSONVILLE FL 32247

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 59-2135881

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKERSON, VINCENT
 8370 EARL CIRCLE WEST
 JACKSONVILLE FL 32219

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SERVANCE, WILLIE 7400 POWERS AVE #302 JACKSONVILLE FL 32217	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DICKERSON, VINCENT 8370 EARL CIRCLE W. JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, JOSEPH 908 WINCHESTER LN VALRICO FL 33594	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KEITH, LARRY JR 11812 HICKORYNUT DR TAMPA FL 33625	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRISON, NADA A 1603 E PARIS ST TAMPA FL 33610	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

CR2E037 (10/00)

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:

NADA A HARRISON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/2001