

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90315 038 ****61.25

DOCUMENT # N50021

1. Entity Name

TRI COUNTY ALLIANCE OF BLACK SCHOOL EDUCATORS, I

Principal Place of Business

Mailing Address

1412 GRAND STREET
 ORLANDO FL 32805
 US

POST OFFICE BOX 1232
 MAITLAND FL 32751

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

59-3139380

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANS, ROBERT T.
506 VEREEN DRIVE
EATONVILLE FL 32751

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 Delete
 NAME **D**
 STREET ADDRESS **EVANS, CRESCENT M.**
 CITY-ST-ZIP **2316 FOXRIDGE MANOR RD**
RALEIGH NC 27610

TITLE Change Addition
 NAME
 STREET ADDRESS **209 Ramblewood Drive #77**
 CITY-ST-ZIP **Raleigh NC 27609**

TITLE Delete
 NAME **D**
 STREET ADDRESS **EVANS, DERREK A.**
 CITY-ST-ZIP **970 TINTON AVENUE**
BRONX NY

TITLE Change Addition
 NAME
 STREET ADDRESS **1327 Southern Blvd. 4D**
 CITY-ST-ZIP **BRONX NY 10459**

TITLE Delete
 NAME **D**
 STREET ADDRESS **NGEMA, BUSSA**
 CITY-ST-ZIP **4799 N PINE HILLS RD**
ORLANDO FL 32808

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P**
 STREET ADDRESS **EVANS, ROBERT T**
 CITY-ST-ZIP **506 VEREEN DR.**
EATONVILLE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 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:

ROBERT T. EVANS President

4/21/00 407-644-2910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)