

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N96000003675**

1. Entity Name

**FLORIDA FUND FOR MINORITY TEACHERS, INC.**

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90070 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

100 NORMAN HALL  
 UNIVERSITY OF FLORIDA  
 GAINESVILLE FL 32611-7045

P.O. BOX 117045  
 GAINESVILLE FL 32611-7045

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3391795**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALEXANDER, THOMAS L  
 100 NORMAN HALL  
 UNIVERSITY OF FLORIDA  
 GAINESVILLE FL 32611

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: *Thomas Alexander*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/6/2000*

**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          | VD                                 | <input type="checkbox"/> Delete |
| NAME           | LIFTIN, ELAINE                     |                                 |
| STREET ADDRESS | 19441 NORTHEAST 19 AVENUE          |                                 |
| CITY-ST-ZIP    | NORTH MIAMI BEACH FL 33179         |                                 |
| TITLE          | D                                  | <input type="checkbox"/> Delete |
| NAME           | STRUM, RUTH                        |                                 |
| STREET ADDRESS | 3400 GULF TO BAY BOULEVARD         |                                 |
| CITY-ST-ZIP    | CLEARWATER FL 33759                |                                 |
| TITLE          | D                                  | <input type="checkbox"/> Delete |
| NAME           | REMBERT, EMMA W                    |                                 |
| STREET ADDRESS | 640 DR. MARY MCCLOUD BETTHUNE BLVD |                                 |
| CITY-ST-ZIP    | DAYTONA BEACH FL 32114             |                                 |
| TITLE          | D                                  | <input type="checkbox"/> Delete |
| NAME           | KINZER, SUZANNE M                  |                                 |
| STREET ADDRESS | 2912 COLLEGE AVENUE                |                                 |
| CITY-ST-ZIP    | DAVIE FL 33314                     |                                 |
| TITLE          | D                                  | <input type="checkbox"/> Delete |
| NAME           | GADSON, MELVIN F                   |                                 |
| STREET ADDRESS | 300A GORE EDUCATION CENTER         |                                 |
| CITY-ST-ZIP    | TALLAHASSEE FL 32307               |                                 |
| TITLE          | D                                  | <input type="checkbox"/> Delete |
| NAME           | DOSE, KENNETH R                    |                                 |
| STREET ADDRESS | 3301 COLLEGE AVE. MAILMAN HWOOD 3  |                                 |
| CITY-ST-ZIP    | FT LAUDERDALE FL                   |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Thomas Alexander*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/3/2000*

Date

Daytime Phone #

CR2E037 (9/99)