

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-23-2002 90027 031 ****61.25

DOCUMENT # N96000003675

1. Entity Name

FLORIDA FUND FOR MINORITY TEACHERS, INC.

Principal Place of Business

Mailing Address

100 NORMAN HALL
 UNIVERSITY OF FLORIDA
 GAINESVILLE FL 32611-7045

P.O. BOX 117045
 GAINESVILLE FL 32611-7045

93772

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

BOWIE, MICHAEL V
 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

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: VD Delete
 NAME: LIFTIN, ELAINE
 STREET ADDRESS: 19441 NORTHEAST 19 AVENUE
 CITY-ST-ZIP: NORTH MIAMI BEACH FL 33179

TITLE: D Change Addition
 NAME: Bilbao, Maria A
 STREET ADDRESS: 229 University Park
 CITY-ST-ZIP: Miami, FL 33199

TITLE: D Delete
 NAME: STRUM, RUTH
 STREET ADDRESS: 3400 GULF TO BAY BOULEVARD
 CITY-ST-ZIP: CLEARWATER FL 33759

TITLE: D Change Addition
 NAME: Robinson, Sandra L
 STREET ADDRESS: PO Box 161992
 CITY-ST-ZIP: Orlando, FL 32816-1992

TITLE: D Delete
 NAME: POOLE, EUGENE A
 STREET ADDRESS: 12500 NW 97TH PLACE
 CITY-ST-ZIP: OCALA FL 34482

TITLE: D Change Addition
 NAME: Gilber, Ulysees L
 STREET ADDRESS: 420 Southeast Alvarez Avenue
 CITY-ST-ZIP: Ocala, FL 34471

TITLE: D Delete
 NAME: BOLDEN, SAMUEL
 STREET ADDRESS: 3431 OAKMONT DRIVE
 CITY-ST-ZIP: PENSACOLA FL 32503

TITLE: D Change Addition
 NAME: DeTure, Linda R
 STREET ADDRESS: Department of Education, Box 2726
 CITY-ST-ZIP: Winter Park, FL 32789

TITLE: D Delete
 NAME: RICHARDSON, CHARLES
 STREET ADDRESS: 12 GULF VIEW CIRCLE NE
 CITY-ST-ZIP: WINTER HAVEN FL 33881

TITLE: D Change Addition
 NAME: Dose, Kenneth R
 STREET ADDRESS: 3301 College Avenue, Mallman Hollywood
 CITY-ST-ZIP: Fort Lauderdale, FL 33314

TITLE: D Delete
 NAME: DOSE, KENNETH R
 STREET ADDRESS: 3301 COLLEGE AVE. MAILMAN HWOOD 3
 CITY-ST-ZIP: FT LAUDERDALE FL

TITLE: D Change Addition
 NAME: Norris, Edwin J
 STREET ADDRESS: PO Box 2858
 CITY-ST-ZIP: Ocala, FL 34478

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:

Michael V. Bowie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (39)BA2-9196
 Date Daytime Phone #

CR2007 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

0064663

DOCUMENT # **N96000003675**

Entity Name
FLORIDA FUND FOR MINORITY TEACHERS, INC.

796819

1. Principal Place of Business
**100 NORMAN HALL
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611-7045**

Mailing Address
**P.O. BOX 117045
GAINESVILLE FL 32611-7045**

9377

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3391795**
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
**BOWIE, MICHAEL V
100 NORMAN HALL
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611**

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 _____ 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		
TITLE	D	<input type="checkbox"/> Delete
NAME	Pugh, Eneida S	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	Route 3 Box 488	
CITY-ST-ZIP	Madison, FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	Lewis, Gary B	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	101 East Stuart Avenue	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	D	<input type="checkbox"/> Delete
NAME	Fisher, Lynn S	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	3000 Northwest 83 Street	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	Saenz, Braulio A	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	18925 Southwest 128th Court	
CITY-ST-ZIP	Miami, FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	Bynum, Henri S	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	Suite 5107, 53209 Virginia Avenue	
CITY-ST-ZIP	Fort Pierce, FL 34981	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Bowie, Michael V	
STREET ADDRESS	100 Norman Hall	
CITY-ST-ZIP	Gainesville, FL 32611	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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		

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SIGNATURE _____ DATE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0060710/01