

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1092

DOCUMENT # **N99000005139**

1. Entity Name

Barbara Thomas-Cole and Company, Inc

DO NOT WRITE IN THIS SPACE

FILED

02 OCT 16 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1747 NE Capital Circle

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3703239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Barbara Thomas*

Street Address (P.O. Box Number is Not Acceptable)

1747 NE Capital Cir #1101

City

Tallahassee, FL

FL

Zip Code

32308

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

Barbara Thomas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-16-02

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>CEO Barbara Thomas 1747 NE Capital Cir. #1101 Tallahassee, FL 32308</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Presid LaQuana Evans-Shannon 2074 Midyette Road #534 Tallahassee, FL 323</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice Alex S. Kuence 1747 NE Capital Cir. #1101 Tallahassee, FL 32308</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Dire W. J. Mathis 7376 Wagon Trail Lane Tallahassee, FL 32301</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Dir. Jerome Sewell Reddick 1490 Nashville Dr. Tallahassee, FL 32311</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>500008414655--9 -10/16/02--01109--001 *****61.25 *****61.25</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Thomas

10-16-02

CR2E037B (12/01)

2012

10-16-02

I did not receive the 2002 UBR
for 2002, Barbara Thomas-Colson and
Company, Inc.

Barbara Thomas