

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736300

1. Entity Name

THE NEGRO EDUCATIONAL REVIEW, INCORPORATED

Principal Place of Business

Mailing Address

FLORIDA A & M UNIVERSITY
SUITE 203, LEE HALL
TALLAHASSEE FL 32307-3100

FLORIDA A & M UNIVERSITY
SUITE 203, LEE HALL
TALLAHASSEE FL 32307

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

59-6603060

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

WILLIAMS, DOROTHY P
FLORIDA A & M UNIVERSITY
SUITE 203, LEE HALL
TALLAHASSEE FL 32307

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 PD
NAME RICHARDSON, F. C.
STREET ADDRESS 4201 GRANT LINE RD
CITY-ST-ZIP NEW ALBANY IN 47150-6405 ☐ Delete

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

TITLE VPD
NAME HOLLOWAY, WILLIAM J
STREET ADDRESS 4450 S PARK AVE #309
CITY-ST-ZIP CHEVY CHASE MD 20815 ☐ Delete

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

TITLE SD
NAME STEWART, MAC A
STREET ADDRESS 154 W 12 AVE
CITY-ST-ZIP COLUMBUS OH 43015 ☐ Delete

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

TITLE TD
NAME OLION, LADELLE
STREET ADDRESS 604 LARKSPUR DR
CITY-ST-ZIP FAYETTEVILLE NC 28311 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90150 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)