# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 09, 2001 8:00 am**
**Secretary of State**
02-09-2001 90229 002 ****70.00

DOCUMENT # 713051

1. Entity Name

THE FLORIDA A&M UNIVERSITY NATIONAL ALUMNI ASSOC

| Principal Place of Business | Mailing Address |
|---|---|
| ROOM 100, LEE HALL<br>TALLAHASSEE FL 32307<br>US | ROOM 100, LEE HALL<br>TALLAHASSEE FL 32307<br>US |

DO NOT WRITE IN THIS SPACE

| 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 59-2310040 ☐ 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 |
|---|---|
| MILES, KEITH A.<br>ROOM 100, LEE HALL<br>OFFICE OF ALUMNI AFFAIRS<br>TALLAHASSEE FL 32307 | Name: Rozier, Kenneth<br>Street Address (P.O. Box Number is Not Acceptable): Room 100, Lee Hall<br>Office of Alumni Affairs<br>City: Tallahassee, FL Zip Code: 32307 |

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 Kenneth Rozier DATE 1/8/01
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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KINSEY, BERNARD<br>301 MT HOLYOKE AVENUE<br>PACIFIC PALISADES CA 90272 | ☒ Delete | PD<br>Collins, Carolyn<br>4002 LaSalle Street<br>Tampa, FL 33607 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROZIER, KENNETH<br>ROOM 100, LEE HALL<br>TALLAHASSEE FL 32307 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>PORTER, ROBERT<br>3041 TROUT RIVER BLVD<br>JACKSONVILLE FL 32208 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>WALKER, LEILA<br>1381 NANCY DR<br>TALLAHASSEE FL 32312 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>TICE, BRENDA<br>628 HEMLOCK LANE<br>LAKELAND FL 33809 | ☒ Delete | S<br>Sarjeant, Veronica<br>PO Box 10084<br>Tallahassee, FL 32302 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** Kenneth Rozier 1/8/01 (850) 599-3861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #