

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733239

1. Entity Name

THE CLAUDE D. PEPPER FELLOWSHIP FOUNDATION, INCO

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90001 026 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 513 E. 9TH STREET SANFORD FL 32771	Mailing Address C/O L.A. BLACK P O BOX 6946 ARLINGTON VA 22206-0946
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1662912	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLACK, LEE, A
 513 E 9TH ST
 SANFORD FL 32771

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 _____ (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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	TALNAKER, FAITH K	
STREET ADDRESS	2109 TUSCARORA TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DANIELS, JOHN	
STREET ADDRESS	927 W. 13TH ST.	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	ASTD	<input type="checkbox"/> Delete
NAME	HALL, AARON D JR.	
STREET ADDRESS	502 NW 83RD ST.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	CRAMER, ROBERT L	
STREET ADDRESS	2109 TUSCARORA TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSE, GLORIA	
STREET ADDRESS	3118 NEWTON ST. NE	
CITY-ST-ZIP	WASHINGTON DC 20018	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BLACK, LEE A	
STREET ADDRESS	513 E. 9TH ST.	
CITY-ST-ZIP	SANFORD FL 32771	

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	
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: *Lee A Black* 6/28/2000 301-540-7263
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #