

# 2001, UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736300

1. Entity Name

THE NEGRO EDUCATIONAL REVIEW, INCORPORATED

Principal Place of Business

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

Mailing Address

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

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90198 028 \*\*\*\*61.25

00053374



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

FLORIDA A & M UNIVERSITY  
Suite, Apt. #, etc.

SUITE #115, UNIT #1 ORR DR.

City & State  
TALLAHASSEE FL

Zip  
32307

Country  
USA

3. Mailing Address

FLORIDA A & M UNIVERSITY  
Suite, Apt. #, etc.

SUITE #115, UNIT #1 ORR DRIVE

City & State  
TALLAHASSEE FL

Zip  
32307

Country  
USA

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

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

7. Name and Address of New Registered Agent

Name

SMITH, CHARLES H.

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

FLORIDA A & M UNIVERSITY

SUITE #115, UNIT #1 ORR DRIVE

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

*Charles H. Smith*

CHARLES H. SMITH

5-7-2001

(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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

*Richardson*

5/4/01

812-941-1300

CR2E037 (10/00)