

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736300

1. Entity Name  
**THE NEGRO EDUCATIONAL REVIEW,  
INCORPORATED**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR 10 AM 11:30

Principal Place of Business  
**FLORIDA A & M UNIVERSITY  
SUITE #115, UNIT #1 ORR DR  
TALLAHASSEE, FL 32301**

Mailing Address  
**FLORIDA A & M UNIVERSITY  
SUITE #115, UNIT #1 ORR DR  
TALLAHASSEE, FL 32301**

2. Principal Place of Business  
**NER Editorial Offices**

3. Mailing Address  
**NER Editorial Offices**

Suite, Apt. #, etc.  
**663 Ardelia Ct - FAMU Campus**

Suite, Apt. #, etc.  
**FAMU Box 70425**

City & State  
**Tallahassee, FL**

City & State  
**Tallahassee, FL**

Zip Country  
**32307 USA**

Zip Country  
**32307 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

**SMITH, CHARLES U  
FLORIDA A & M UNIVERSITY  
SUITE #115, UNIT #1 ORR DR  
TALLAHASSEE, FL 32307**

## 7. Name and Address of New Registered Agent

Name  
**ISAM Charles U. Smith**  
Street Address (P.O. Box Number is Not Acceptable)  
**Florida A&M University - NER Editorial Offices**  
**663 Ardelia Ct., Suite 115**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's 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  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME RICHARDSON, F. C.  
STREET ADDRESS 4201 GRANT LINE RD  
CITY-ST-ZIP NEW ALBANY, IN 471506405

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

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

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

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 2039 Arrowhead Drive, Apt. 2-B  
CITY-ST-ZIP Merrillville, IN 46410

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 3618 Littledale Rd., #213  
CITY-ST-ZIP Kensington, MD. 20895

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 190 North Oval Mall / 102 Brickler Hall  
CITY-ST-ZIP Columbus, OH 43210

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200016234442  
CITY-ST-ZIP 01/18/03--01007--025 \*\*\$61.25

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS MERCER, WALTER A  
CITY-ST-ZIP 1111 Hastie Rd ; Tallahassee, FL 32305

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: **F.C. Richardson F.C. RICHARDSON**

3/29/03 (217) 791-9044

CR2E037 (10/02)