

2001 UNIFORM BUSINESS REPORT (UBR)

5/12/01-90032-030-\$61.25-\$61.25

DOCUMENT # 745568

1. Entity Name

FLORIDA A&M UNIVERSITY (FAMU) BOOSTERS CLUB, INC

Principal Place of Business

P.O. BOX 20286
TALLAHASSEE FL 32316

Mailing Address

P.O. BOX 20286
TALLAHASSEE FL 32316

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

59-1922370

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

LAWSON, ALFRED JR
2610 GUNN STREET
TALLAHASSEE FL 32310

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

Alfred Lawson Jr.

04/28/01

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	P	☐ Delete
NAME	SAMUELS, BENNIE	
STREET ADDRESS	8105 BLUE GULL TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	V	☒ Delete
NAME	CHAMBERS, NEHEMIAH	
STREET ADDRESS	1135 W. ORANGE AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	T	☒ Delete
NAME	RAMSEY, JOSEPH	
STREET ADDRESS	1180 MACLAY ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	S	☒ Delete
NAME	HARRIS, ANNETTE	
STREET ADDRESS	ROUTE 9 BOX 5	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	O	☐ Delete
NAME	RILEY, KEN III	
STREET ADDRESS	5108 TOURNAINE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	☐ Delete
NAME	LAWSON, ALFRED JR	
STREET ADDRESS	2610 GUNN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32310	

TITLE	2nd Vice President	☐ Change ☒ Addition
NAME	Daryl Parks	
STREET ADDRESS	521 East Tennessee St.	
CITY-ST-ZIP	Tallahassee, FL 32308	Director
TITLE	1st Vice President	☐ Change ☒ Addition
NAME	Dr. Spurgeon McWilliams	
STREET ADDRESS	2610 Cline St.	
CITY-ST-ZIP	Tallahassee, FL 32312	Director
TITLE	Secretary	☐ Change ☒ Addition
NAME	Mariel Gilyard	
STREET ADDRESS	1481 Terrace Street	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	Treasurer	☐ Change ☒ Addition
NAME	Walter Spencer	
STREET ADDRESS	3213 Olsen Road	
CITY-ST-ZIP	Tallahassee, FL 32308	Director
TITLE	Parliamentarian	☐ Change ☒ Addition
NAME	Vernell Ross	
STREET ADDRESS	P.O. Box 902	
CITY-ST-ZIP	Havana, FL 32333	
TITLE	Sgt.-at-Arms	☐ Change ☒ Addition
NAME	Rudy Givens	
STREET ADDRESS	1335 Coleman St.	
CITY-ST-ZIP	Tallahassee, FL 32310	D

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 title empowered.

SIGNATURE:

7/1/01 REQUIRED

04/28/01 8505-224-6093

FILED

01 JUN 12 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CPRE037 (10/00)