

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748311

1. Entity Name

THE BLACK CITIZENS COALITION OF PALM BEACH COUNT

Principal Place of Business

Mailing Address

810 CLEAR LAKE AVENUE
WEST PALM BEACH FL 33401-3040

810 CLEAR LAKE AVENUE
WEST PALM BEACH FL 33401-3040

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

65-0567669

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

BRYANT, B. CARLETON
810 CLEAR LAKE AVENUE
WEST PALM BEACH FL

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

Signature, typed or printed name of registered agent and fee 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME FERGUSON, GWENDOLYN (CHR
STREET ADDRESS 1909 PINEHURST DR
CITY-ST-ZIP W. PALM BEACH FL

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

TITLE D ☐ Delete
NAME BRYANT, B. CARLETON (VCH
STREET ADDRESS 810 CLEAR LAKE AVE.
CITY-ST-ZIP W. PALM BEACH FL

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

TITLE S ☐ Delete
NAME BECTON, CINTHIA
STREET ADDRESS 500 W 24TH ST
CITY-ST-ZIP RIVIERA BEACH FL

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

TITLE D ☐ Delete
NAME SMITH, RODNEY
STREET ADDRESS 13478 OLD ENGLISHTOWN RD
CITY-ST-ZIP W PALM BEACH FL

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

TITLE T ☐ Delete
NAME BURKE, GERALD C.
STREET ADDRESS 618 CLEAR LAKE AVE.
CITY-ST-ZIP W. PALM BEACH FL

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

TITLE D ☐ Delete
NAME MCCRAY, BARBARA
STREET ADDRESS 824 11TH STREET
CITY-ST-ZIP W. PALMBCH, F L

TITLE ☐ Change ☐ *
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90014 028 ****61.25



DO NOT WRITE IN THIS SPACE

1/4/00

BRYANT, B. CARLETON 1/4/00 561-655-0792