

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751251

1. Entity Name

THE BLACK HISTORICAL PRESERVATION SOCIETY OF PAL

Principal Place of Business

623 DIVISION AVE.
W. PALM BEACH FL 33401
US

Mailing Address

623 DIVISION AVE.
W. PALM BEACH FL 33401
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2173030

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERGUSON, GWENDOLYN P.
1909 PINEHURST DR.
W. PALM BCH. FL 33407

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

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 P ☐ Delete
NAME FERGUSON, GWENDOLYN P
STREET ADDRESS 1909 PINEHURST DR.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ Delete
NAME STARKS, THELMA
STREET ADDRESS 809 PALM BCH. LAKES BLVD.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE T ☐ Delete
NAME STROMAN, JOHN
STREET ADDRESS 634 15TH ST
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ Delete
NAME JEFFERSON, JAMES J
STREET ADDRESS 515 S MANGONIA CIR
CITY-ST-ZIP WEST PALM BEACH FL 33407

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90095 022 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)