

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770688

1. Entity Name

FRIENDS OF THE BLACK ARCHIVES AT FLORIDA A & M U

Principal Place of Business

FLORIDA A&M UNIVERSITY
BLACK ARCHIVES
TALLAHASSEE FL 32307-9515

Mailing Address

FLORIDA A&M UNIVERSITY
BLACK ARCHIVES
TALLAHASSEE FL 32307-9515

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

59-2886352

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

EATON, PLEAS RAY
427 TEAL LANE
TALLAHASSEE FL 32308

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME EATON, PLEAS RAY
STREET ADDRESS 427 TEAL LANE
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

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

TITLE VPD
NAME GOODWIN, GARY
STREET ADDRESS 806 KENDALL DR
CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Delete

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

TITLE TDS
NAME SHINGLES, CYNTHIA P
STREET ADDRESS 1009 WAKULLA SPRINGS RD
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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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

[Signature]

4 May 01

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90191 049 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)