

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849395

1. Entity Name

MID-EASTERN ATHLETIC CONFERENCE INCORPORATED

Principal Place of Business

Mailing Address

102 N ELM STREET, SUITE 401
P O BOX 21205
GREENSBORO NC 27401

102 N ELM STREET, SUITE 401
P O BOX 21205
GREENSBORO NC 27401-2830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-0992403

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THOMPSON, LYNN
BETHUNE-COOKMAN COLLEGE
640 SECOND AVENUE
DAYTONA BEACH FL 32015

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
HARRIS, CHARLES S
102 N ELM ST ST 401
GREENSBORO NC ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCOY, BRENDA
102 N ELM ST, SUITE 401
GREENSBORO NC ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CDP
HUMPHRIES, FRED
FAMU WAHNSH WAY
TALLAHASSEE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CDP
Richardson, Dr. Earl
Morgan State Univ./Coldspring &
Hillen/Baltimore, MD 21239 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROBINSON, DELANYARD DR.
NORFOLK ST UNIV/2401 CORPREW AVE
NORFOLK VA 23504 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

Charles S. Harris

01/11/00 336/275-9961

Date

Daytime Phone #

CR2E037 (9/99)