

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 856275

1. Entity Name

THE UNITED BLACK FUND OF AMERICA, INC.

Principal Place of Business

2500 MARTIN LUTHER KING JR AVE SE
WASHINGTON DC 20020
US

Mailing Address

PO BOX 7051
WASHINGTON DC 20032
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CHERRY, CHARLES
429 S CAMPBELL (PO BOX 1110-32015)
DAYTONA BEACH FL 32014

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 CD ☐ Delete
NAME CORNELIUS, SAMUEL DR
STREET ADDRESS 3000 COURTSIDE RD
CITY-ST-ZIP MITCHELLE MD 20716

TITLE PD ☐ Delete
NAME ROLARK, WILHELMINA J
STREET ADDRESS 524 FOXHALL PLACE, S.E.
CITY-ST-ZIP WASHINGTON, D.C. 20032

TITLE V ☐ Delete
NAME AUSTIN, RONALD K REV
STREET ADDRESS 1609 MADISON ST NW
CITY-ST-ZIP WASHINGTON DC 20011

TITLE T ☐ Delete
NAME MATHEWS, FRED
STREET ADDRESS 1240 4TH STREET, N.W.
CITY-ST-ZIP WASHINGTON DC

TITLE S ☐ Delete
NAME DAVILA, JOYCE S
STREET ADDRESS 535 KERBY PKWY
CITY-ST-ZIP FT WASHINGTON MD 20744

TITLE D ☐ Delete
NAME SHIRLEY, JEFFERSON
STREET ADDRESS 4424 BLAINE ST NE
CITY-ST-ZIP WASHINGTON DC 20010

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

PO Box 481
South Royalton, VT 05068

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: Wilhelmina J. Rolark 1/10/2001 (202) 7839300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90101 035 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)