

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 856275**

1. Entity Name

**THE UNITED BLACK FUND OF AMERICA, INC.**

Principal Place of Business

Mailing Address

**2500 MARTIN LUTHER KING JR AVE SE  
WASHINGTON DC 20020  
US****PO BOX 7051  
WASHINGTON DC 20032  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**23-7067271**

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

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

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	CD	<input type="checkbox"/> Delete
NAME	CORNELIUS, SAMUEL DR	
STREET ADDRESS	3000 COURTSIDE RD	
CITY-ST-ZIP	MITCHELLE MD 20716	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROLARK, WILHELMINA J	
STREET ADDRESS	524 FOXHALL PLACE, S.E.	
CITY-ST-ZIP	WASHINGTON, D.C. 20032	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	AUSTIN, RONALD K REV	
STREET ADDRESS	1609 MADISON ST NW	
CITY-ST-ZIP	WASHINGTON DC 20011	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	MATHEWS, FRED	
STREET ADDRESS	1240 4TH STREET, N.W.	
CITY-ST-ZIP	WASHINGTON DC	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	DAVILA, JOYCE S	
STREET ADDRESS	535 KERBY PKWY	
CITY-ST-ZIP	FT WASHINGTON MD 20744	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SHIRLEY, JEFFERSON	
STREET ADDRESS	PO BOX 481	
CITY-ST-ZIP	SOUTH ROYALTON VT 05068	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Wilhelmina J. Rolark **3/15/02 (202) 783-9300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90050 046 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

0057349

CR2E037 (9/01)