

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003864

1. Entity Name

STUDENT FELLOWSHIP FOR BLACKS, INC.

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90034 041 ****61.25

Principal Place of Business

P.O. BOX 18107
INDIANAPOLIS IN 46218

Mailing Address

P.O. BOX 18107
INDIANAPOLIS IN 46218

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 **31-0908340**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, RITA J
3917 HEALTH CIRCLE SOUTH
WEST PALM BEACH FL 33407

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 ☐ Delete
NAME **CP**
STREET ADDRESS **HOLIFIELD, CARL**
CITY-ST-ZIP **5518 E. 34TH STREET**
INDIANAPOLIS IN 46218

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KELLY, STELLA**
CITY-ST-ZIP **2938 WINTHROP AVENUE**
INDIANAPOLIS IN 46205

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HOLIFIELD, HOWARD**
CITY-ST-ZIP **3420 N. LAYMAN AVENUE**
INDIANAPOLIS IN 46218

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **BUSH, MARGARET**
CITY-ST-ZIP **2613 SPRUCE LANE**
FISHER IN 46038

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **HOSKIN, DANITA**
CITY-ST-ZIP **1121 N. TECUMSCH**
INDIANAPOLIS IN 46201

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

TITLE ☐ Delete
NAME
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: Carol Holifield, Chairman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02
Date

(317)549-3166
Daytime Phone #

CR2E037 (9/01)