

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **100000003529**

1. Entity Name **Tallahassee and African Sister Cities Coalition, Incorporated**

Principal Place of Business Mailing Address
**2074 Victory Garden Lane
Tallahassee, FL 32301**

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

59-3588722

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

**Willie L. Butler, Ph.D.
2074 Victory Garden Lane
Tallahassee, FL 32301**

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 ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** NAME **Mr. Anthony Henry** ☐ Change ☒ Addition
STREET ADDRESS **3145 Parkridge Drive**
CITY-ST-ZIP **Tallahassee, FL 32310**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** NAME **Mr. Asegon Henry** ☐ Change ☒ Addition
STREET ADDRESS **3145 Parkridge Drive**
CITY-ST-ZIP **Tallahassee, FL 32310**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** NAME **Ms. Dhyana Ziegler** ☐ Change ☒ Addition
STREET ADDRESS **1900 Center Point Blvd, 274**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: **Willie L. Butler**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2001 (850) 656-1224

Date

Daytime Phone #

CR2E037 (11/00)