

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-12-2001 90179 039 *****61.25

DOCUMENT # N00000005766

1. Entity Name

NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT E

Principal Place of Business

9110 SEAFAIR LANE
 TALLAHASSEE FL 32311

Mailing Address

9110 SEAFAIR LANE
 TALLAHASSEE FL 32311

2. Principal Place of Business

3. Mailing Address

P.O. Box 16226

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

Country

Zip

Country

32317-6226 USA

4. FEI Number

59-566-2300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUIDRY, KEVIN
9110 SEAFAIR LANE
TALLAHASSEE FL 32311

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	<i>President</i>	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Vice President</i>	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>President</i>	☐ Change ☐ Addition
NAME	<i>Carey Drayton</i>	
STREET ADDRESS	<i>830 West Jefferson St.</i>	
CITY-ST-ZIP	<i>Tallahassee, FL 32311</i>	
TITLE	<i>Vice President</i>	☐ Change ☐ Addition
NAME	<i>Michael Wallace</i>	
STREET ADDRESS	<i>2787 Centerview Dr. Suite 203</i>	
CITY-ST-ZIP	<i>Tallahassee, FL 32399-3100</i>	
TITLE	<i>Secretary/Treasurer</i>	☐ Change ☐ Addition
NAME	<i>Kevin Guidry</i>	
STREET ADDRESS	<i>2900 Apalachee Pkwy. Room 3333</i>	
CITY-ST-ZIP	<i>Tallahassee, FL 32399-0549</i>	
TITLE	<i>Parliamentarian</i>	☐ Change ☐ Addition
NAME	<i>Leroy Smith</i>	
STREET ADDRESS	<i>6300 NW 13 St.</i>	
CITY-ST-ZIP	<i>Guinesville, FL 32653-2185</i>	
TITLE	<i>Sergeant-At-Arms</i>	☐ Change ☐ Addition
NAME	<i>Larry Austin</i>	
STREET ADDRESS	<i>2500 Apalachee Pkwy. Room 3457</i>	
CITY-ST-ZIP	<i>Tallahassee, FL 32399</i>	
TITLE	<i>Cassandra Jenkins</i>	☐ Change ☐ Addition
NAME	<i>Chapman</i>	
STREET ADDRESS	<i>2787 Centerview Dr. Suite 204</i>	
CITY-ST-ZIP	<i>Tallahassee, FL 32399-3100</i>	

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:

Kevin Guidry **Kevin Guidry** 4/6/01 (850) 488-1009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)