

2001 UNIFORM BUSINESS REPORT (UBR)

0011872

DOCUMENT # N00000008159

1. Entity Name

NORTH TAMPA AFRICAN ALLIANCE, INC.

FILED

03 JAN 28 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

16511 LONESDALE PL
TAMPA FL 33624

Mailing Address

~~POST OFFICE BOX 340133~~
~~TAMPA FL 33609-0133~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3687778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAWLEY, RUDEAN
16511 LONESDALE PL
TAMPA FL 33624

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

[Handwritten Signature]

(NOTE: Registered Agent signature required when reinstating)

10/27/01

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	CRAWLEY, RUDEAN	
STREET ADDRESS	16511 LONESDALE PL	
CITY-ST-ZIP	TAMPA FL 33624	813/961-6239
TITLE	D	<input type="checkbox"/> Delete
NAME	HAIG-CANDELARIO, FRANCINE	
STREET ADDRESS	POST OFFICE BOX 1331	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, ERNESTINE	
STREET ADDRESS	16124 RAMBLING VINE DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOORE, BARBARA	
STREET ADDRESS	4610 N. ARMENIA AVENUE, #203	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400011787694	
CITY-ST-ZIP	02/04/03--01075--008 **236.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *[Handwritten Signature]* SIGNATURE REQUIRED

10/27/01

CR2E037 (5/01)