

2002 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 29, 2002 8:00 am
Secretary of State

04-10-2002 90458 042 ****61.25

DOCUMENT # N01000002626

1. Entity Name

HARLEM VOTER'S LEAGUE CORPORATION

Principal Place of Business

Mailing Address

1010-J HARLEM ACADEMY AVE
 CLEWISTON FL 33440

P O BOX 1221
 CLEWISTON FL 33440

2. Principal Place of Business

3. Mailing Address

PO Box 1831, CLEWISTON FL 33440

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLEWISTON FL

4. FEI Number

65-1122515

Applied For

Not Applicable

Zip

Country

Zip

Country

33440

USA

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

TAYLOR, EGBERT
 1010-J HARLEM ACADEMY AVE
 CLEWISTON FL 33440

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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		D PRESIDENT FREDERICK SMALL 1037 MISSISSIPPI AVE CLEWISTON FL 33440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		D VICE PRESIDENT EMMA DIXON 1203 LOUISIANA AVE CLEWISTON FL 33440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		D SECRETARY WILLIE P. REDD 1138 VIRGINIA AVE CLEWISTON FL 33440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		D TREASURER EGBERT TAYLOR 1018 LOUISIANA AVE CLEWISTON FL 33440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		D RECORDING TREASURER HYLTON CLARKE 1118 VIRGINIA AVE CLEWISTON FL 33440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Fredrick Small FREDERICK SMALL
 PRESIDENT

4/1/02

863 983 7573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/01)