

2002 UNIFORM BUSINESS REPORT (UBR)

0012357

DOCUMENT # NO1000003718

1. Entity Name

FLORIDA GREAT BLACKS IN WAX MUSEUM, INC.

FILED

02 NOV 27 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8509 WOODWICK CT.
TAMPA FL 33615

Mailing Address

8509 WOODWICK CT.
TAMPA FL 33615

2. Principal Place of Business

220 East Madison

3. Mailing Address

220 East Madison Street

Suite, Apt. #, etc.

Suite 310

Suite, Apt. #, etc.

Suite 310

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

Applied For

Not Applicable

Zip

33602

Country

Hillsborough

Zip

33602

Country

Hillsborough

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

RIEF, FRANK J III

442 W. KENNEDY BLVD., STE. 340

TAMPA FL 33606

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. I am familiar with, and accept the obligations of registered agent.

400008833284
11/06/02--01104--003 **61.25

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME LATSON, JOYCE
STREET ADDRESS 4411 LURLENE CIR.
CITY-ST-ZIP TAMPA FL 33610 Board Member

TITLE O. Geoffrey Okogbaa ☐ Change ☒ Addition
NAME
STREET ADDRESS 4202 East Fowler Avenue, SVC 1087
CITY-ST-ZIP Tampa, FL 33620
Treasurer

TITLE D ☐ Delete
NAME WRIGHT, SAMUEL
STREET ADDRESS 4242 E. FOWLER AVE., USF RAR 234
CITY-ST-ZIP TAMPA FL 33620 Historian

TITLE Clara Cobb ☐ Change ☒ Addition
NAME
STREET ADDRESS 4202 East Fowler Avenue, SVC 1087
CITY-ST-ZIP Tampa, FL 33620
Administrative Assistant

TITLE D ☐ Delete
NAME SAMUELS, ROBERT L
STREET ADDRESS 8509 WOODWICK CT.
CITY-ST-ZIP TAMPA FL 33615 Director

TITLE Theodore Trent Green ☐ Change ☒ Addition
NAME
STREET ADDRESS 4202 East Fowler Avenue
CITY-ST-ZIP USF Architecture #30837
Tampa, FL 33620 Assistant Director

TITLE D ☒ Delete
NAME SCOTT, PATRICIA
STREET ADDRESS 4202 E. FOWLER AVE., USF, ADM 214
CITY-ST-ZIP TAMPA FL 33620

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

TITLE D ☐ Delete
NAME DANIEL, JOHN
STREET ADDRESS 9407 JOE EBERT
CITY-ST-ZIP SEFFNER FL 33584 Committee Member

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

TITLE D ☐ Delete
NAME HALL, RUTH A
STREET ADDRESS PO BOX 16302
CITY-ST-ZIP TAMPA FL 33687 Education Committee Mem

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:

SIGNATURE REQUIRED

Clara Cobb

813-974-9887

CR2E037 (4/02)