2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State
03-04-2003 90064 040 ****61.25

DOCUMENT # N01000003718

1. Entity Name
FLORIDA GREAT BLACKS IN WAX MUSEUM, INC.

Principal Place of Business	Mailing Address
220 EAST MADISON SUITE 310 TAMPA FL 33602	220 EAST MADISON SUITE 310 TAMPA FL 33602

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
220 E Madison Street	
Suite, Apt. #, etc.: Suite 310	Suite, Apt. #, etc.
City & State: Tampa, FL 33602	City & State
Zip: 33602 Country: USA	Zip / Country

4. FEI Number APPLIED FOR 59-372 6643 ☐ Applied For ☐ Not Applicable

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: Alton White Street Address (P.O. Box Number is Not Acceptable): 201 E Kennedy Blvd Ste. 1700 City: Tampa FL Zip Code: 33602

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.

SIGNATURE: [signature] Feb 25, 2003
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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM LATSON, JOYCE 4411 LURLENE CIR. TAMPA FL 33610 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DH WRIGHT, SAMUEL 4242 E. FOWLER AVE., USF RAR 234 TAMPA FL 33620 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAMUELS, ROBERT L 8509 WOODWICK CT. TAMPA FL 33615 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OKOGBAA, GEOFFREY 4202 E FOWLER AVE, SVC 1087 TAMPA FL 33620 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCM DANIEL, JOHN 9407 JOE EBERT SEFFNER FL 33584 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DECM HALL, RUTH A PO BOX 16302 TAMPA FL 33687 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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] DEBRA D. REDDICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #