

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004739

1. Entity Name

BAY AREA MINORITY CONTRACTORS ASSOCIATION, INC.

Principal Place of Business

1008 26TH ST. COURT EAST
PALMETTO FL 34221

Mailing Address

1008 26TH ST. COURT EAST
PALMETTO FL 34221

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 441

Suite, Apt. #, etc.

City & State

City & State

Palmetto, FL

Zip

Country

Zip

Country

34220

4. FEI Number

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

MCPHERSON, PHILIP
1008 26TH ST, COURT EAST
PALMETTO FL 34221

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	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, NEAL	
STREET ADDRESS	4456 6TH AVE E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRESHA, WALTER	
STREET ADDRESS	880 33RD ST E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCPHERSON, PHILIP	
STREET ADDRESS	1008 26TH ST, COURT EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROZIER, TRINA	
STREET ADDRESS	880 33RD ST E	
CITY-ST-ZIP	PALMETO FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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: Philip M. McPherson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 941-722-5687

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

FILED

Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90208 033 ****61.25