

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90123 013 ****61.25

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

**P.O BOX 441
PALMETTO FL 34220**

90005037



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

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

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
Florida 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 |
|-------|-------------------|--------------------------|--------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| PD | WILLIAMS, NEAL | 4456 6TH AVE E | BRADENTON FL 34208 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| VD | PRESHA, WALTER | 880 33RD ST E | PALMETTO FL 34221 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| TD | MCPHERSON, PHILIP | 1008 26TH ST. COURT EAST | PALMETTO FL 34221 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| SD | ROZIER, TRINA | 880 33RD ST E | PALMETO FL 34221 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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** *Philip H. Williams* 1/16/03 941-727-5687

CR2E037 (10/02)