

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000009044

1. Entity Name

BLACK PAGES YOUTH ENTREPRENEURIAL AND EDUCATION  
FOUNDATION, INC.

Principal Place of Business

4601 W KENNEDY BLVD. STE 124  
TAMPA FL 33609

Mailing Address

4601 W KENNEDY BLVD. STE 124  
TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HUGGINS, THOMAS III  
4601 W KENNEDY BLVD, STE 124  
TAMPA FL 33609

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

D  
HUGGINS, THOMAS III  
4516 TARPON DR  
TAMPA FL 33617

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
CUSSEAU, SHERRYL  
2116 W ARCH ST  
TAMPA FL 33607

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
DEVERGER, DERRICK  
2620 IMAN DR  
RALEIGH NC 27615

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

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

SIGNATURE:

SIGNATURE  
TYPED OR PRINTED

Director

4/28/02 (813) 267-0003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)