

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

0002027

DOCUMENT # N02000007713

1. Entity Name
FLORIDA A & M UNIVERSITY HIGH AND LINCOLN HIGH SCHOOL CLASS OF 1959, INC.



Principal Place of Business
BARBARA MONTGOMERY
202 RIDGE ROAD
TALLAHASSEE FL 32310

Mailing Address
BARBARA MONTGOMERY
202 RIDGE ROAD
TALLAHASSEE FL 32310

FILED

03 SEP 10 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

50-0006689

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

FRANKLIN, JOHN W
7291 CLINTON HUDSON SR. LANE
TALLAHASSEE FL 32305

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

John W. Franklin

(NOTE: Registered Agent signature required when reinstating)

09-09-03

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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 CD
NAME FRANKLIN, JOHN W
STREET ADDRESS 7291 CLINTON HUDSON SR. LANE
CITY-ST-ZIP TALLAHASSEE FL 32305 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500023366135
CITY-ST-ZIP 09/26/03--01072--010 **\$1.25

TITLE TD
NAME HEAD, GILBERT
STREET ADDRESS 1420 CALLOWAY STREET
CITY-ST-ZIP TALLAHASSEE FL 32304 ☐ Delete

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

TITLE SD
NAME MONTGOMERY, BARBARA
STREET ADDRESS 202 RIDGE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

John W. Franklin

09-09-03

575-8477

CR2E037 (4/03)