

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90100 011 \*\*\*\*61.25

**DOCUMENT # N19080**

1. Entity Name

**JACKSON COUNTY MINORITY BUSINESS ASSOCIATION INC**

Principal Place of Business

Mailing Address

**3303 PANHANDLE RD  
 MARIANNA FL 32446  
 US**

**4170 CEDAR STREET  
 MARIANNA FL 32446**

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 **59-2775378**

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

**HARTSFIELD, IDUS  
 ROUTE 3, BOX 55  
 MARIANNA FL 32446**

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 ☐ Delete  
 NAME **MCNEALY, MINNIE**  
 STREET ADDRESS **4170 CEDAR STREET**  
 CITY-ST-ZIP **MARIANNA FL** *T*

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

TITLE ☐ Delete  
 NAME **PD BRYANT, ELMORE**  
 STREET ADDRESS **2814 ORANGE STREET**  
 CITY-ST-ZIP **MARIANNA FL** *T*

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

TITLE ☐ Delete  
 NAME **S POLLOCK, ROSA**  
 STREET ADDRESS **4219 OLD COTTONDALE RD**  
 CITY-ST-ZIP **MARIANNA FL** *T*

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

TITLE ☒ Delete  
 NAME **SMITH, K W**  
 STREET ADDRESS **MAIN STREET**  
 CITY-ST-ZIP **MALONA FL** *Deceased*

TITLE ☒ Change ☒ Addition  
 NAME **Vice president**  
 STREET ADDRESS **Danny Silvestri**  
 CITY-ST-ZIP **4324 Woodberry Road**  
**Marianna, Florida 32448** *T*

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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)(f), 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:

*Elmore Bryant*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*03-19-02*

CR2E037 (9/01)