

2001 UNIFORM BUSINESS REPORT (BR)

DOCUMENT # N20596

1. Entity Name

BLACK BUSINESS INVESTMENT FUND OF CENTRAL FLORID

Principal Place of Business

315 E. ROBINSON ST. SUITE 222
ORLANDO FL 32801
US

Mailing Address

315 E. ROBINSON ST. SUITE 222
ORLANDO FL 32801
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2861155

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

LONG, INEZ, J
315 E. ROBINSON ST., SUITE 222
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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 retreating)

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

TITLE DS
NAME BUTLER, JEAN
STREET ADDRESS 315 E. ROBINSON STREET, STE. 222
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE DP
NAME LONG, INEZ
STREET ADDRESS 315 E. ROBINSON STREET, STE. 222
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE DVC
NAME SULLIVAN, LEO
STREET ADDRESS 315 E. ROBINSON STREET, STE. 22
CITY-ST-ZIP ORLANDO FL 32801 ☒ Delete

TITLE BC
NAME HARRIS, TIM
STREET ADDRESS 315 E. ROBINSON ST/STE 222
CITY-ST-ZIP ORLANDO FL 32801 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Chairperson
NAME Butler, Jean
STREET ADDRESS 315 E. Robinson St., Ste. 222
CITY-ST-ZIP Orlando, FL 32801 ☒ Change ☐ Addition

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

TITLE Vice-Chairperson
NAME Veronica Anderson
STREET ADDRESS 315 E. Robinson Street Suite 222
CITY-ST-ZIP Orlando FL 32801 ☐ Change ☒ Addition

TITLE Treasurer
NAME Patrick Aliu
STREET ADDRESS 315 E. Robinson Street Suite 222
CITY-ST-ZIP Orlando FL 32801 ☐ Change ☒ Addition

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

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] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

Date

407.649-4780

Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

04-23-2001 90190 018 ***61.25



DO NOT WRITE IN THIS SPACE

ORF037 (10/00)