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

Mailing Address

ORLANDO FL 32801

3. Mailing Address

City & State

Suite, Apt. #, etc.

315 E. ROBINSON ST. SUITE 222

## **DOCUMENT # N20596**

660

1. Entity Name

Principal Place of Business

ORLANDO FL 32801

US

315 E. ROBINSON ST. SUITE 223

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

## BLACK BUSINESS INVESTMENT FUND OF CENTRAL FLORID A. INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90042 032 \*\*\*\*70.00

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,  CHECK HERE IF MAKI	NG CHANGES
4. FEI Number 59-2861155	Applied For
	Not Applicable
5. Certificate of Status Desired	~\$8.75 Additional Fee Required

Country ~Zip Country Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LONG, INEZ, J 315 E. ROBINSON ST., SUITE 222 ORLANDO FL 32801 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Florida Department of State FILE NOW: FEE IS \$61.25 Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. Calins Davis TITLE Delete TITLE BROWN EVERING, SANDRA NAME 315 & Robinson Street, Suitedo NAME STREET ADDRESS 315 E ROBINSON ST 222 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP Change TITLE ☐ Delete TITLE 🖁 NAME LONG. INEZ NAME 315 E. ROBINSON STREET, STE. 222 660 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE A Che DAISY LYNN, COMMISSIONER NAME NAME 315 E ROBINSON ST.222 660 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-7IP ☐ Change ☐ Addition TITLE Chain Delete TITLE Chair NAME ANDERSON, VERONICA NAME STREET ADDRESS 315 E ROBINSON STREET, 660 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Change Addition TITLE ☐ Delete TITLE THES NAME LEDBETTER, WELDON NAME 4 rer 315 E ROBINSON ST 660 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE PIETERS, BRINDLEY NAME STREET ADDRESS 315 E ROBINSON ST, 640 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32801

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 of trustee ampowered 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:

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