

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22019

1. Entity Name

FLORIDA ASSOCIATION OF MINORITY BUSINESS ENTERPR

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-03-2000 90033 018 ****61.25

Principal Place of Business

400 S. ORANGE AVE.
7TH FLR
ORLANDO FL 32801
US

Mailing Address

CITY HALL (MBE)
400 S. ORANGE AVE. 7TH FLR
ORLANDO FL 32801
US

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

65-0096981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, JEFFRIE H.
CITY HALL (MBE)
400 S. ORANGE AVE. 7TH FLR
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Harry McCoy, Economic Development
Street Address (P.O. Box Number is Not Acceptable)
601 E. Kennedy Blvd
City Tampa, FL Zip Code 33601

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

Harry McCoy

Harry McCoy TREAS. 7/26/00

Signature, typed or printed name of registered agent and, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	D	☒ Delete
NAME	DAVIS, GEORGE A	
STREET ADDRESS	17206 YARDLEY WAY	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	T	☒ Delete
NAME	ELLENWOOD, SHEILA	
STREET ADDRESS	601 E. KENNEDY BLVD., 24TH FLOOR	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	☐ Delete
NAME	SMITH, JEFFRIE H.	
STREET ADDRESS	400 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	☒ Delete
NAME	THOMPSON, DEBORAH - FAMU	
STREET ADDRESS	1151 E TENNESSEE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	T	☐ Delete
NAME	JONES, MIA	
STREET ADDRESS	4880 BULLS BAY HWY	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☒ Change ☐ Addition
NAME	Jacqueline D. Barr	
STREET ADDRESS	525 S. Magnolia Ave	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	T	☒ Change ☐ Addition
NAME	Jose A. Cordero	
STREET ADDRESS	102 E. 7th Ave	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	Harry McCoy	
STREET ADDRESS	601 E. Kennedy Blvd	
CITY-ST-ZIP	Tampa, FL 33601	
TITLE	T	☐ Change ☒ Addition
NAME	Fitzhugh Long, Sr	
STREET ADDRESS	400 E. South St 2nd Fl West	
CITY-ST-ZIP	Orlando, FL 32801	
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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)