

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22019

1. Entity Name

FLORIDA ASSOCIATION OF MINORITY BUSINESS ENTERPR

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90153 043 ****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

601 E. Kennedy Blvd
Suite, Apt. #, etc.
24th Floor

3. Mailing Address H. McCoy (FAMBER)

P.O. Box 1110
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33601

Country

US

Zip

33601

Country

USA

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

MCCOY, HARRY
601 E KENNEDY BLVD
TAMPA FL 33601

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

Harry McCoy
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-16-01
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 NAME STREET ADDRESS CITY-ST-ZIP	D BARR, JACQUELINE D 525 S MAGNOLIA AVE ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORDERO, JOSE A 102 E 7TH AVE TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JEFFRIE H. 400 S. ORANGE AVE. ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCOY, HARRY 601 E KENNEDY BLVD TAMPA FL 33601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FITZHUGH LONG, ANN 400 E SOUTH ST 2ND FLOOR ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Harry McCoy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01 (813) 276-2729
DATE Daytime Phone #

CR2E037 (10/00)