

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24427

1. Entity Name

NATIONAL FORUM FOR BLACK PUBLIC ADMINISTRATORS -

Principal Place of Business

P.O. BOX 172958
TAMPA FL 33672-0958
US

Mailing Address

P.O. BOX 172958
TAMPA FL 33672-0958
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

59-2364093

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAINER, FLORENCE
3302 E 24TH AVENUE
TAMPA FL 33605

7. Name and Address of New Registered Agent

Name DONALD C. LATSON

Street Address (P.O. Box Number is Not Acceptable)

4411 LURLINE CIRCLE

City TAMPA

FL

Zip Code 33610-1821

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

10 JULY 2K

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JOE JR	
STREET ADDRESS	1 FOURTH ST. N.	
CITY-ST-ZIP	ST PETERSBURG FL 33731	
TITLE	V	<input type="checkbox"/> Delete
NAME	RANSOM, JAMES	
STREET ADDRESS	601 E. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33601	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ADEJUMO, LINDA	
STREET ADDRESS	2311 MARY SUE ST.	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HULSE, CLARENCE L	
STREET ADDRESS	2311 MARY SUE ST.	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BANKS, LU	
STREET ADDRESS	400 S. FIRST HARRISON AVE.	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOSEY, JANICE	
STREET ADDRESS	4201 N. DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BANKS, LU PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	400 SOUTH FORT HARRISON AVE	
STREET ADDRESS	CLEARWATER FL 34616	
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD C. LATSON	
STREET ADDRESS	4411 LURLINE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33610-1821	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THERESA JONES	
STREET ADDRESS	1045 16TH STREET SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOYCE A. RUSSELL	
STREET ADDRESS	601 EAST KENNEDY BLVD 17TH FL	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCINDA GRANT	
STREET ADDRESS	1400 19TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

DONALD C. LATSON

10 JULY 2K

Date

(813) 621-7443

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR