

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38600

1. Entity Name

AFRICAN-AMERICAN LEADERSHIP COUNCIL, INC.

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90029 048 ****70.00

Principal Place of Business

354 JACKSON STREET
DUNEDIN FL 34698

Mailing Address

354 JACKSON STREET
DUNEDIN FL 34698

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
59-3047645

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HABEEB-ULLAH, BILAL F.
354 JACKSON STREET
DUNEDIN FL 34698

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 reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HABEEB-ULLAH, BILAL F.
STREET ADDRESS 354 JACKSON ST.
CITY-ST-ZIP DUNEDIN FL

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

TITLE D ☐ Delete
NAME ELLIOT, BERNICE
STREET ADDRESS 1428 OVERLEA STREET
CITY-ST-ZIP CLEARWATER FL

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

TITLE D ☐ Delete
NAME ABDUR-RAHIM, MUHAMMAD
STREET ADDRESS 605 PALM BLUFF ST
CITY-ST-ZIP CLEARWATER FL

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

TITLE STD ☐ Delete
NAME ANNETTE E. ELLIOTT
STREET ADDRESS 1461 OVERLEA ST.
CITY-ST-ZIP CLEARWATER FL

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

TITLE D ☐ Delete
NAME BIREDA, MARTHA R
STREET ADDRESS PO BOX 10171 N/A
CITY-ST-ZIP TAMPA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BILAL F. HABEEB-ULLAH 1/7/02 (727) 298-8105

Date

Daytime Phone #

CR2E037 (9/01)