

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N38600

1. Entity Name

AFRICAN-AMERICAN LEADERSHIP COUNCIL, INC.

Principal Place of Business

Mailing Address

**354 JACKSON STREET
 DUNEDIN FL 34698**

**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

7. Name and Address of New Registered Agent

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

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 | <input type="checkbox"/> Delete |
| NAME | HABEEB-ULLAH, BILAL F. | |
| STREET ADDRESS | 354 JACKSON ST. | |
| CITY-ST-ZIP | DUNEDIN FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ELLIOT, BERNICE | |
| STREET ADDRESS | 1428 OVERLEA STREET | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ABDUR-RAHIM, MUHAMMAD | |
| STREET ADDRESS | 605 PALM BLUFF ST | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | ANNETTE E. ELLIOTT | |
| STREET ADDRESS | 1461 OVERLEA ST. | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BIREDA, MARTHA R | |
| STREET ADDRESS | PO BOX 10171 N/A | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| 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 empowerers.

SIGNATURE: *Bilal F. Habeeb-Ullah* **BILAL F. HABEEB-ULLAH** 1/7/02 (727) 298-8105
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR5304

CR2E037 (9/01)