

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90057 014 ****61.25

DOCUMENT # N39453

1. Entity Name

NORTHWEST FLORIDA BLACK BUSINESS INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
661 W BREVARD ST TALLAHASSEE FL 32304 US	P.O. BOX 10782 TALLAHASSEE FL 32302

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3001127	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, J.B.
661 W BREVARD ST
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name

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

538 E. PARK AVE STE. 103

City **TALLAHASSEE** FL Zip Code **32301**

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: **J.B. Williams Pres.**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	WILLIAMS, J.B.
STREET ADDRESS	2262 N. MONROE
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	C/D <input type="checkbox"/> Delete
NAME	CHUMBLER, BRENT
STREET ADDRESS	315 S. CALHOUN
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D <input type="checkbox"/> Delete
NAME	INZER, ROBERT
STREET ADDRESS	300 S. ADAMS
CITY-ST-ZIP	TALLAHASSEE FL 32301
TITLE	D <input type="checkbox"/> Delete
NAME	TOWNSEND, RONALD
STREET ADDRESS	302 N. BARCELONA
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D/VC <input type="checkbox"/> Delete
NAME	ADAMS, RONNIE
STREET ADDRESS	601 DAVID AVE
CITY-ST-ZIP	SPRINGFIELD FL
TITLE	DS <input type="checkbox"/> Delete
NAME	BARBER, KENNETH
STREET ADDRESS	2262 MONROE ST NORTH
CITY-ST-ZIP	TALLAHASSEE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME	
STREET ADDRESS	
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 empowered.

SIGNATURE: **J.B. Williams** **2/28/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)