

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40039

1. Entity Name

AFRICAN AMERICAN HERITAGE SOCIETY, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90709 029 \*\*\*\*70.00

Principal Place of Business

Mailing Address

% PENSACOLA CULTURAL CENTER  
400 JEFFERSON ST. RM 204  
PENSACOLA FL 32501

% PENSACOLA CULTURAL CENTER  
400 JEFFERSON ST. RM 204  
PENSACOLA FL 32501-5902

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

59-3022641

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EPPS, LORNETTA T M.D.  
2950 N 12TH AVE  
PENSACOLA FL 32503-4004

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 ☒ Delete  
NAME DP  
STREET ADDRESS COBY, ALVIN  
CITY-ST-ZIP P.O. BOX 72910 N/A  
PENSACOLA FL 32591

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS CRAZER, GAE  
CITY-ST-ZIP 4336 GRANDPOINTE PL  
PENSACOLA FL 32514

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FRIEDRICH, DOUGLAS JR  
CITY-ST-ZIP 11000 UNIVERSITY PKWY  
PENSACOLA FL 32501

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS EPPS, LORNETTA DR  
CITY-ST-ZIP 4560 BOHEMIA DR  
PENSACOLA FL 32504

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WILLS, ORASTINE  
CITY-ST-ZIP 4910 LYNELL STREET  
PENSACOLA FL 32503

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MUNOZ, DORIS  
CITY-ST-ZIP 352 BUNKER HILL DR  
PENSACOLA FL 32505

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 or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/00

Date

Daytime Phone #

CR2E037 (9/99)