

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90037 041 ****61.25

DOCUMENT # N43563

1. Entity Name

LEON COUNTY BLACK POSTAL WORKERS, INC.



Principal Place of Business

**2513 SAXON ST
TALLAHASSEE FL 32310
US**

Mailing Address

**2513 SAXON STREET
TALLAHASSEE FL 32310
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 **59-3084677**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRIPLETT, ROOSEVELT
2513 SAXON STREET
TALLAHASSEE FL 32310**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Roosevelt Triplett **ROOSEVELT TRIPLETT** 7-03

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	STANLEY, JANICE	908 FRAZIER DRIVE	TALLAHASSEE FL	<input type="checkbox"/>
S	RICHBERG, CYNTHIA	1418 CALIFORNIA STREET	TALLAHASSEE FL	<input type="checkbox"/>
D	THOMAS, JIMMY	4609 KILLMORE LANE	TALLAHASSEE FL	<input type="checkbox"/>
D	MOORE, CHERYL	RT 6 BOX 520	HAVANA FL 32333	<input type="checkbox"/>
D	JONES, HELEN D	5677 RUSTIC DRIVE	TALLAHASSEE FL 32303	<input type="checkbox"/>
D	COLSTON, OTTO	2406 PONTIAC DRIVE	TALLAHASSEE FL	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

Roosevelt Triplett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)