

2001 UNIFORM BUSINESS REPORT (UBR)

0000678

DOCUMENT # N47903

1. Entity Name

FLORIDA CAUCUS OF BLACK STATE LEGISLATORS, INC.

APPROVED
AND
FILED

01 APR 30 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 400 N. ADAMS ST., STE. B TALLAHASSEE FL 32301	Mailing Address 400 N. ADAMS ST., STE. B TALLAHASSEE FL 32301
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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4. FEI Number 59-3183127	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JONES, DARYL
400 NORTH ADAMS STREET
STE B
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name LaMarr, Ecitrym S.
Street Address (P.O. Box Number is Not Acceptable)
400 North Adams Street STE B
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 Ecitrym S. LaMarr Ecitrym S. LaMarr 4/26/01
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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUSH, JAMES 318 HOUSE OFFICE BUILDING TALLAHASSEE FL 32399 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LAWSON, ALFRED 311 HOUSE OFFICE BUILDING TALLAHASSEE FL 32399 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GREENE, ADDIE 224 HOUSE OFFICE BLDG TALLAHASSEE FL 32399 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMARR, ECITRYM 400 N. ADAMS ST., STE. B TALLAHASSEE FL 32301 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Holzenhoff, Betty S. 410 Senate Office Building Tallahassee, FL 32399 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Harper, James 218 House Office Building Tallahassee, FL 32399 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Ecitrym S. LaMarr 4/26/01 850 224-0937

CR2E037 (10/00)