

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90010 008 ****61.25

DOCUMENT # N47903

1. Entity Name

FLORIDA CAUCUS OF BLACK STATE LEGISLATORS, INC.

Principal Place of Business

Mailing Address

**400 N. ADAMS ST., STE. B
TALLAHASSEE FL 32301**

**400 N. ADAMS ST., STE. B
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3183127

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LAMARR, ECITRYM S
400 NORTH ADAMS STREET
STE B
TALLAHASSEE FL 32301**

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

Ecitrym La Man

1-14-02

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 DV
STREET ADDRESS HOLZANDORF, BETLY S
CITY-ST-ZIP 410 SENATE OFFICE BUILDING
TALLAHASSEE FL 32399

TITLE ☒ Delete
NAME DT
STREET ADDRESS LAWSON, ALFRED
CITY-ST-ZIP 311 HOUSE OFFICE BUILDING
TALLAHASSEE FL 32399

TITLE ☒ Delete
NAME DS
STREET ADDRESS HARPER, JAMES
CITY-ST-ZIP 218 HOUSE OFFICE BUILDING
TALLAHASSEE FL 32399

TITLE ☐ Delete
NAME D
STREET ADDRESS LAMARR, ECITRYM
CITY-ST-ZIP 400 N. ADAMS ST., STE. B
TALLAHASSEE FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DP
STREET ADDRESS Miller, Jr, Lesley
CITY-ST-ZIP 218 Senate Office Building
Tallahassee, FL 32399

TITLE ☐ Change ☒ Addition
NAME DT
STREET ADDRESS Joyner, Arthenia
CITY-ST-ZIP 1401 The Capitol
Tallahassee, FL 32399

TITLE ☐ Change ☒ Addition
NAME DS
STREET ADDRESS Cusack, Joyce
CITY-ST-ZIP 212 The Capitol
Tallahassee, FL 32399

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

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

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 all other like empowered.

SIGNATURE:

Ecitrym La Man
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-02 (850) 224-0937

CR2E037 (9/01)