

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48741

1. Entity Name

NATIONAL ASSOCIATION OF PUBLIC SECTOR EQUAL OPPO

Principal Place of Business

C/O EQUAL OPPORTUNITY DEPT.  
CITY OF TALLAHASSEE  
TALLAHASSEE FL 32301

Mailing Address

C/O EQUAL OPPORTUNITY DEPT.  
CITY OF TALLAHASSEE  
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

86-0538748

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

OFUANI, SHARON  
CITY OF TALLAHASSEE  
300 S. ADAMS ST.  
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

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 12, 2001, min. will be \$236.25

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

TITLE VP  
NAME FARMER, DWIGHT  
STREET ADDRESS C/O 300 S ADAMS  
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE TD  
NAME LEE, ARTHUR  
STREET ADDRESS % EOD  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE PD  
NAME BRAXTON, WENDELL  
STREET ADDRESS 22 LINCOLN STREET  
CITY-ST-ZIP HAMPTON VA 23669 ☐ Delete

TITLE PPD  
NAME OFUANI, SHARON  
STREET ADDRESS 300 S. ADAMS ST.  
CITY-ST-ZIP 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 ☐ Change ☐ Addition  
400004597254--0  
-09/18/01--01064--001  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

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

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

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

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:

*Sharon Ofuani*  
SIGNATURE REQUIRED

9/12/01

350 891 8270

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 12 PM 1:11



DO NOT WRITE IN THIS SPACE

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