

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Ebony Scholars Program, Inc.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90103 033 ****61.25

00057818

DO NOT WRITE IN THIS SPACE

Principal Place of Business
Ebony Scholars Program, Inc.
c/o Frances Williams
2201 - 25 Avenue South
St. Petersburg, FL 33712

Mailing Address
Ebony Scholars Program, Inc.
Post Office Box 11431
St. Petersburg, FL 33730

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3137997

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

Frances Williams
2201 - 25 Avenue South
St. Petersburg, FL 33712

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 **President** ☐ Delete
NAME **Vyrle Davis**
STREET ADDRESS **3521 Fairfield Avenue South**
CITY-ST-ZIP **St. Petersburg, FL 33711**

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

TITLE **Vice-President** ☐ Delete
NAME **Pearl Bryant**
STREET ADDRESS **5825 Leeland Street South**
CITY-ST-ZIP **St. Petersburg, FL 33715**

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

TITLE **Secretary** ☐ Delete
NAME **Helen Callier**
STREET ADDRESS **1625 - 28 Avenue South**
CITY-ST-ZIP **St. Petersburg, FL 33712**

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

TITLE **Treasurer** ☐ Delete
NAME **Carl Ferguson**
STREET ADDRESS **1701 - 16 Street South**
CITY-ST-ZIP **St. Petersburg, FL 33712**

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

TITLE ☐ Delete
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: **Helen Callier**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 3, 2000 (727) 327-9869

Date

Daytime Phone #

CR2E037 (9/99)