

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50021

1. Entity Name

TRI COUNTY ALLIANCE OF BLACK SCHOOL EDUCATORS, I

Principal Place of Business

Mailing Address

1412 GRAND STREET
ORLANDO FL 32805
US

POST OFFICE BOX 1232
MAITLAND FL 32751

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

59-3139380

Applied For

Not Applicable

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

EVANS, ROBERT T.
506 VEREEN DRIVE
EATONVILLE FL 32751

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 D ☐ Delete
NAME EVANS, CRESCENT M.
STREET ADDRESS 2316 FOXRIDGE MANOR RD
CITY-ST-ZIP RALEIGH NC 27610

TITLE ☒ Change ☐ Addition
NAME 209 Ramblewood Drive #77
STREET ADDRESS Raleigh NC 27609
CITY-ST-ZIP

TITLE D ☐ Delete
NAME EVANS, DERREK A.
STREET ADDRESS 970 TINTON AVENUE
CITY-ST-ZIP BRONX NY

TITLE ☒ Change ☐ Addition
NAME 1327 Southern Blvd. 4D
STREET ADDRESS Bronx NY 10459
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NGEMA, BUSSA
STREET ADDRESS 4799 N PINE HILLS RD
CITY-ST-ZIP ORLANDO FL 32808

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

TITLE P ☐ Delete
NAME EVANS, ROBERT T
STREET ADDRESS 506 VEREEN DR.
CITY-ST-ZIP EATONVILLE FL

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

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:

ROBERT T. EVANS President 4/21/00 407-644-2910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE