

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N 50021*

1. Entity Name

*TriCounty Alliance of  
Black School Educators, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1412 Grand ST*

3. Mailing Address

*P O Box 1232*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Orlando, FL*

City & State

*Maitland, FL*

Zip

*32805*

Country

*Orange*

Zip

*32751*

Country

*Orange*

4. FEI Number

*593139380*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *Robert T Evans*

Street Address (P.O. Box Number is Not Acceptable)

*506 Vereen Drive*

City

*Eatonville*

**FL**

Zip Code

*32751*

**DO NOT WRITE  
IN THIS SPACE**

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

**FEE IS \$61.25**  
Initial or Amended UBR

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 *Director*  
NAME *Evans, Crescent M. Pto*  
STREET ADDRESS *108 Knightdale NC 27545*  
CITY-ST-ZIP *108 mingo*

TITLE *Director*  
NAME *Evans, Crescent M*  
STREET ADDRESS *108 mingo crest Drive*  
CITY-ST-ZIP *knightsdale NC 27545*

TITLE *Director*  
NAME *Evans, Derek A*  
STREET ADDRESS *1327 Southern Blvd A*  
CITY-ST-ZIP *Brooklyn NY 10439*

TITLE *Director*  
NAME *Ngema, Bussa*  
STREET ADDRESS *4799 N Pine Hills Rd*  
CITY-ST-ZIP *Orlando FL 32809*

TITLE *President*  
NAME *Evans, Robert T*  
STREET ADDRESS *506 Vereen Drive*  
CITY-ST-ZIP *Eatonville FL 32751*

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP  
**400018806534**  
**05/12/03--01070--002 \*\*61.25**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/4/03*

*407 644 2910*

Date

Daytime Phone #

CR2E037B (12/01)