

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90113 018 *****70.00

DOCUMENT # N93000002548

1. Entity Name

TAMPA BAY ASSOCIATION OF BLACK LAW ENFORCEMENT O

Principal Place of Business

C/O MICHAEL REICHARD, ESQ
P.O. BOX 272718
TAMPA FL 33688

Mailing Address

ABLE
P.O. BOX 173078
TAMPA FL 33672-1078

925283



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3317503

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

REICHARD, MICHAEL T ESQ.
4613 WESTFORD CIRCLE
TAMPA FL 33624

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LEWIS, MARION S ☐ Delete
708 EAST MCEWEN AVENUE
TAMPA FL 33612

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
JONES, SAM JR ☐ Delete
1710 NORTH TAMPA STREET
TAMPA FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
JONES, SAM JR ☒ Change ☐ Addition
411 N. FRANKLIN STREET
TAMPA, FLORIDA 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GUDES, ORLANDO ☐ Delete
1710 NORTH TAMPA STREET
TAMPA FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GUDES, ORLANDO ☒ Change ☐ Addition
411 N. FRANKLIN STREET
TAMPA, FLORIDA 33602

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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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

Sam Jones Jr. **Sam Jones Jr.** *Treasurer/Director* **Treasurer/Director** *2/22/01* **2/22/01** *(813)276-3461* **(813)276-3461**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)