

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90322 028 \*\*\*\*70.00

**DOCUMENT # N93000002548**

**1. Entity Name**  
**TAMPA BAY ASSOCIATION OF BLACK LAW ENFORCEMENT OFFICERS, INC.**



**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

**2. Principal Place of Business**  
**ABLE**

**3. Mailing Address**

Suite, Apt. #, etc.  
**P.O. BOX 173078**

Suite, Apt. #, etc.

**City & State**  
**TAMPA, FLORIDA**

**City & State**

**Zip**  
**33672-1078**

**Country**

**Zip**

**Country**

**4. FEI Number** **NOT APPLICABLE**  
**59-3317503**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

**Name** **MARION S. LEWIS**

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

**5633 FOXTAIL CT.**

**City** **Wesley Chapel**

**FL**

**Zip Code** **33543**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Marion S. Lewis* - **MARION S. LEWIS / President**

**4-23-03**

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**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>LEWIS, MARION S</b>	
<b>STREET ADDRESS</b>	<b>708 EAST MCEWEN AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33612</b>	
<b>TITLE</b>	<b>TD</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>JONES, SAM JR</b>	
<b>STREET ADDRESS</b>	<b>411 N. FRANKLIN STREET</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33602</b>	
<b>TITLE</b>	<b>SD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GUDES, ORLANDO</b>	
<b>STREET ADDRESS</b>	<b>411 N. FRANKLIN STREET</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33602</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>TREASURER - D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>CALVIN JOHNSON</b>	
<b>STREET ADDRESS</b>	<b>411 N. FRANKLIN STREET</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL. 33602</b>	
<b>TITLE</b>	<b>INFORMATION OFFICER - D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>SECRETARY - D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>EVONSKI L. LENNEAR</b>	
<b>STREET ADDRESS</b>	<b>411 N. FRANKLIN STREET</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL. 33602</b>	
<b>TITLE</b>	<b>VICE PRESIDENT - D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>KENNY NORRIS</b>	
<b>STREET ADDRESS</b>	<b>411 N. FRANKLIN STREET</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL. 33602</b>	
<b>TITLE</b>	<b>CHAPLAIN - D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>REVEREND C.T. BATCHELOR</b>	
<b>STREET ADDRESS</b>	<b>411 N. FRANKLIN STREET</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL. 33602</b>	

**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:** *Marion S. Lewis* **SIGNATURE REQUIRED** **S. LEWIS**

**4-23-03 (813) 994-7845**

CR2E037 (10/02)