

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # N94000004733

1. Entity Name

BLACK NEWSPAPER PUBLISHER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6288 NW 42ND CT.  
CORAL SPRINGS FL 33067  
US

P.O. BOX 670038  
CORAL SPRINGS FL 33067-0038  
US

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

NOT APPLICABLE

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

CLAYBORNE, BERNADETTE  
6288 NW 42ND CT.  
CORAL SPGS FL 33067

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLAYBORNE, KEITH A	
STREET ADDRESS	6288 NW 42ND CIRCLE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, ROOSEVELT	
STREET ADDRESS	602 N. ADAMS ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	IVORY, GWEN	
STREET ADDRESS	70 WEST 21ST STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6288 NW 42nd Court	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clayborne, Kishon	
STREET ADDRESS	6288 NW 42nd Ct.	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ingraham, Andy	
STREET ADDRESS	3720 W. Broward Blvd. Ste. 218B	
CITY-ST-ZIP	Fort Lauderdale, FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Keith A. Clayborne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 (954) 345-1822  
Date Daytime Phone #

CRP/037/000