

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005651

1. Entity Name

THE FLORIDA ACADEMY OF AFRICAN AMERICAN CULTURE

FILED

00 NOV 13 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1700 LANDINGS BOULEVARD
SARASOTA FL 34231
US

Mailing Address

P.O. BOX 20631
SARASOTA FL 34276
US

2. Principal Place of Business

4448 Ascot Circle N
SARASOTA, FL

3. Mailing Address

P.O. Box 20631

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

4. FEI Number

58-4207026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOODSON, RUBY G
1700 LANDINGS BOULEVARD
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name RUBY G. WOODSON

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

4448 Ascot Circle N

City

SARASOTA

FL

Zip Code

34235

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

Ruby G. Woodson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/21/2000

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	PDMD	<input type="checkbox"/> Delete
NAME	WOODSON, RUBY G	
STREET ADDRESS	1700 LANDINGS BOULEVARD	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	DANLEY, WILLIAM T	
STREET ADDRESS	210 MADISON ST S	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PERKINS, MELVA J	
STREET ADDRESS	2009 W CENTRAL BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EBITZ, DAVID	
STREET ADDRESS	5089 S. KESTRAL PKY	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JANNIERE, IONA	
STREET ADDRESS	5892 MAYBERRY AVENUE	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, NANCY	
STREET ADDRESS	5700 BOULEVARD OF THE ARTS	
CITY-ST-ZIP	SARASOTA FL 34236	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy Ann Jackson	
STREET ADDRESS	5512 Country LAKES TRAIL	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miriam Greenberg	
STREET ADDRESS	988 Blvd of the Arts	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George MASIL	
STREET ADDRESS	8652 Woodbriar Dr.	
CITY-ST-ZIP	SARASOTA, FL 34238	
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		

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00 UBR

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:

Ruby G. Woodson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)