

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90019 049 ****61.25

0001572

DOCUMENT # N94000005651

1. Entity Name

THE FLORIDA ACADEMY OF AFRICAN AMERICAN CULTURE,

Principal Place of Business

**4468 ASCOT CIRCLE N
 SARASOTA FL 34235**

Mailing Address

**P.O. BOX 20631
 SARASOTA FL 34276
 US**

550102

2. Principal Place of Business

1360 13th Street

Suite, Apt. #, etc. FL 34235

3. Mailing Address

P. O. Box 2276

Suite, Apt. #, etc. Florida 34236



DO NOT WRITE IN THIS SPACE

City & State

Sarasota, Florida

City & State

Sarasota, Florida

4. FEI Number

58-4207026

Applied For

Not Applicable

Zip

34236

Country

Sarasota, FL

Zip

34230

Country

Sarasota,

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

6. Name and Address of Current Registered Agent

**WOODSON, RUBY G
 4468 ASCOT CIRCLE N
 SARASOTA FL 34235**

7. Name and Address of New Registered Agent

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	PDMD WOODSON, RUBY G 1700 LANDINGS BOULEVARD SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD DANLEY, WILLIAM T 210 MADISON ST S ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERKINS, MELVA J 2009 W CENTRAL BLVD ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD JACKSON, DOROTHY A 5512 COUNTRY LAKES TRAIL SARASOTA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JANNIERE, IONA 5892 MAYBERRY AVENUE NORTH PORT FL 34287	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, NANCY 5700 BOULEVARD OF THE ARTS SARASOTA FL 34236	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

RECEIVED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)