

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006082

1. Entity Name

THE AFRICAN-AMERICAN ARTS FESTIVAL COMMITTEE, IN

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90075 032 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 4453
OCALA FL 34478-4453

P.O. BOX 4453
OCALA FL 34478-4453

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

59-3289496

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

WALLACE, CEDRIC J
CRYSTAL RIVER ENERGY COMPLEX
15760 W. POWER LINE ST., NA2J
CRYSTAL RIVER FL 34428-6708

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 DP ☐ Delete
NAME DAVIS, BERRY III
STREET ADDRESS 5761 N.E. 33RD ST.
CITY-ST-ZIP SILVER SPRINGS FL 34479

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

TITLE DS ☐ Delete
NAME SLYKE, PATRICIA
STREET ADDRESS 6312 SE 41ST CT
CITY-ST-ZIP Ocala FL

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

TITLE DV ☐ Delete
NAME SAMUEL, LARMONICA
STREET ADDRESS 6312 SE 41ST CT
CITY-ST-ZIP Ocala FL

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

TITLE DT ☐ Delete
NAME WALLACE, CEDRIC J
STREET ADDRESS 3724 N.W. 107 TERR.
CITY-ST-ZIP GAINESVILLE FL 32606

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

TITLE M ☐ Delete
NAME DEMPSEY, BRIAN
STREET ADDRESS 3360 SE 62ND STREET
CITY-ST-ZIP Ocala FL 34480

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

TITLE D ☒ Delete
NAME VAUGHNS, VICKYE
STREET ADDRESS 1521 N.W. 16TH CT.
CITY-ST-ZIP Ocala FL 34475

TITLE ☒ Change ☐ Addition
NAME P/O
STREET ADDRESS Ulysses Gilbert
CITY-ST-ZIP 11830 SW 8th St
Ocala FL 34481

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: BERRY III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-2000

Date

352-351-1489

Daytime Phone #

CR2E037 (9/99)