

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

0001756

**DOCUMENT # N95000004351**

1. Entity Name

**BLACK HERITAGE FESTIVAL OF NEW SMYRNA BEACH, INC**

05-19-2002 90174 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**453 OAK ST.  
 NEW SMYRNA BEACH FL 32168**

**453 OAK ST.  
 NEW SMYRNA BEACH FL 32168**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HARRELL, MARY S  
 453 OAK ST.  
 NEW SMYRNA BEACH FL 32168**

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  Delete  
 NAME **D HARRELL, MARY S**  
 STREET ADDRESS **453 OAK ST.**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D HARRELL, JIMMY**  
 STREET ADDRESS **453 OAK ST.**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD BELL, ORETHA**  
 STREET ADDRESS **620 N. BUSS ST.**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD WALKER, B Deceased**  
 STREET ADDRESS **511 JULIA ST**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE  Change  Addition  
 NAME **SD Joanne O'Bannon**  
 STREET ADDRESS **456 Boucheille Dr.**  
 CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE  Delete  
 NAME **TD HUTCHINS, LAURA**  
 STREET ADDRESS **813 HAMILTON ST.**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE  Change  Addition  
 NAME **TD Gaskins, Crystal**  
 STREET ADDRESS **1012 Wilkins St**  
 CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE  Delete  
 NAME **PD LOWE, PINKIE**  
 STREET ADDRESS **305 HICKORY**  
 CITY-ST-ZIP **NEW SMYRNA BCH FL**

TITLE  Change  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: Mary S. Harrell **Mary S. Harrell** 4-24-02 386-428-6225  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)