

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90014 023 \*\*\*\*61.25

**DOCUMENT # N96000003229**

1. Entity Name

**THE FLORIDA COALITION OF BLACK STATE TROOPERS, I**

Principal Place of Business

**20133 N.W. 59TH PLACE  
MIAMI FL 33015**

Mailing Address

**20133 NW 59 PL  
MIAMI FL 33015  
US****00079107**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0674017**

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

**DAVIS, STANLEY  
20133 NW 59 PL  
MIAMI FL 33015**

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**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	DAVIS, STANLEY	20133 N.W. 59TH PLACE MIAMI FL 33015	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	BROUGHTON, TAMMY R	20133 N.W. 59TH PLACE MIAMI FL 33015	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	LANE, JAMES M	20133 N.W. 59TH PLACE MIAMI FL 33015	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	JONES, PAULETTE	20133 N.W. 59TH PLACE MIAMI FL 33015	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)