

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003229

1. Entity Name

THE FLORIDA COALITION OF BLACK STATE TROOPERS, I

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

05-16-2001 90041 016 ****61.25

Principal Place of Business

20133 N.W. 59TH PLACE
 MIAMI FL 33015

Mailing Address

20133 NW 59 PL
 MIAMI FL 33015
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0674017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DAVIS, STANLEY
 20133 NW 59 PL
 MIAMI FL 33015

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

TITLE **P** **D** ☐ Delete
 NAME **DAVIS, STANLEY**
 STREET ADDRESS **20133 N.W. 59TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **D** ☒ Delete
 NAME **BROUGHTON, TAMMY R**
 STREET ADDRESS **20133 N.W. 59TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **V** **D** ☐ Delete
 NAME **LANE, JAMES M**
 STREET ADDRESS **20133 N.W. 59TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **D** ☒ Delete
 NAME **JONES, PAULETTE**
 STREET ADDRESS **20133 N.W. 59TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **S** ☒ Change ☐ Addition
 NAME **Michelle S. Wilson**
 STREET ADDRESS **12160 N.E. MIAMI COURT**
 CITY-ST-ZIP **No. Miami Bch., Florida 33161**

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

TITLE **N** ☒ Change ☐ Addition
 NAME **NATHANIEL E. CAIN**
 STREET ADDRESS **1331 N.W. 207th ST**
 CITY-ST-ZIP **MIAMI, FL 33169**

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

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

Nathaniel E. Cain **NATHANIEL E. Cain** 4/28/01 305 470 6885

CR2E037 (10/00)