

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90133 018 ****61.25

DOCUMENT # N96000003473

1. Entity Name

VIRGIL HAWKINS CIVIL RIGHTS FOUNDATION, INC.

Principal Place of Business

Mailing Address

2100 N CITRUS BLVD
LEESBURG FL 34748

2100 N CITRUS BLVD
LEESBURG FL 34748-3007

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

59-3444469

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERMAN, HARLEY S
2100 N-CITRUS BLVD
LEESBURG FL 34748

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	D	<input type="checkbox"/> Delete
NAME	LIVINGSTON, HARRIET	
STREET ADDRESS	P O BOX 262 N/A	
CITY-ST-ZIP	OKAHUMPKA FL 34762	
TITLE	DM	<input type="checkbox"/> Delete
NAME	HERMAN, HARLEY S	
STREET ADDRESS	2100 N CITRUS BLVD	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATHIS, ANNE	
STREET ADDRESS	2100 N CITRUS BLVD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDDICK, ALZO J	
STREET ADDRESS	4562 S ORANGE BLSM TR	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS-BURKE, BERYL	
STREET ADDRESS	8340 NE 2 AVE STE 212	
CITY-ST-ZIP	MIAMI FL 33138-3807	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENNIS, WILYE F	
STREET ADDRESS	8671 LEM TURNER RD	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T. A. Poole, Sr.	
STREET ADDRESS	P.O. Box 1334	
CITY-ST-ZIP	Eustis, FL 32727	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

Harley S. Herman 4/30/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #