

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003473

1. Entity Name

VIRGIL HAWKINS CIVIL RIGHTS FOUNDATION, INC.

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

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

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

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 ☐ Delete
NAME D
STREET ADDRESS LIVINGSTON, HARRIET
CITY-ST-ZIP P O BOX 262 N/A
OKAHUMPKA FL 34762

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS T. A. Poole, Sr.
CITY-ST-ZIP P.O. Box 1334
Eustis, FL 32727

TITLE ☐ Delete
NAME DM
STREET ADDRESS HERMAN, HARLEY S
CITY-ST-ZIP 2100 N CITRUS BLVD
LEESBURG FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MATHIS, ANNE
CITY-ST-ZIP 2100 N CITRUS BLVD
LEESBURG FL 34748

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

TITLE ☐ Delete
NAME D
STREET ADDRESS REDDICK, ALZO J
CITY-ST-ZIP 4562 S ORANGE BLVD
ORLANDO FL 32839

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ROBERTS-BURKE, BERYL
CITY-ST-ZIP 8340 NE 2 AVE STE 212
MIAMI FL 33138-3807

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DENNIS, WILY F
CITY-ST-ZIP 8671 LEM TURNER RD
JACKSONVILLE FL 32208

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harley S. Herman 4/30/00

Date

Daytime Phone #