

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # N96000003473****1. Entity Name**
VIRGIL HAWKINS CIVIL RIGHTS FOUNDATION, INC.**Principal Place of Business**
2100 N CITRUS BLVD
LEESBURG FL 34748
Mailing Address
2100 N CITRUS BLVD
LEESBURG FL 34748**2. Principal Place of Business**
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-3444469Applied 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**HERMAN HARLEY S**
2100 N CITRUS BLVD
LEESBURG FL 34748
US**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** **09/12/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	D <input type="checkbox"/> Delete
NAME	DENNIS WILYE F
STREET ADDRESS	8671 LEM TURNER RD
CITY-ST-ZIP	JACKSONVILLE FL 32208
TITLE	D <input type="checkbox"/> Delete
NAME	ROBERTS-BURKE BERYL
STREET ADDRESS	8340 NE 2 AVE STE 212
CITY-ST-ZIP	MIAMI FL 331383807
TITLE	D <input type="checkbox"/> Delete
NAME	REDDICK ALZO J
STREET ADDRESS	4562 S ORANGE BLSD TR
CITY-ST-ZIP	ORLANDO FL 32839
TITLE	D <input type="checkbox"/> Delete
NAME	MATHIS ANNE
STREET ADDRESS	2100 N CITRUS BLVD
CITY-ST-ZIP	LEESBURG FL 34748
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	LIVINGSTON HARRIET
STREET ADDRESS	P O BOX 262 N/A
CITY-ST-ZIP	OKAHUMPKA FL 34762

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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: HARLEY SCOTT HERMAN****dm 09/12/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)