

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000735

1. Entity Name

COALITION OF AFRICAN AMERICAN LEADERSHIP, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90250 033 ****61.25

Principal Place of Business

2900 18TH AVE. SO.
ST. PETERSBURG FL 33712

Mailing Address

P.O. BOX 12713
ST. PETERSBURG FL 33733-2713
US

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

NOT APPLICABLE

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

BROWN, LOUIS JR
2900 18TH AVE. SO.
ST. PETERSBURG FL 33712

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 C
STREET ADDRESS BROWN, LOUIS JR
CITY-ST-ZIP 2900 18TH AVE. SO.
ST. PETERSBURG FL 33712

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

TITLE ☐ Delete
NAME CC
STREET ADDRESS REECE, GWENDOLYN
CITY-ST-ZIP 2900 18TH AVE. SO.
ST. PETERSBURG FL 33712

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

TITLE ☐ Delete
NAME S
STREET ADDRESS MURRAY, JA ANN
CITY-ST-ZIP 2900 18TH AVE. SO.
ST. PETERSBURG FL 33712

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

TITLE ☐ Delete
NAME T
STREET ADDRESS TERRELL, GRADY III
CITY-ST-ZIP 2900 18TH AVE. SO.
ST. PETERSBURG FL 33712

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

TITLE ☐ Delete
NAME D
STREET ADDRESS YESHITELA, GMALI
CITY-ST-ZIP 2900 18TH AVE. SO.
ST. PETERSBURG FL 33712

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SYKES, MANUEL
CITY-ST-ZIP 2900 18TH AVE. SO.
ST. PETERSBURG FL 33712

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 LOUIS D BROWN JR

Date

Daytime Phone #

4/28/2000 7273271034

CR2E017 (1/9/99)