

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91411 033 \*\*\*\*61.25

**DOCUMENT # N97000006719**

1. Entity Name

**NATIONAL COALITION OF 100 BLACK WOMEN, INC. JACKSONVILLE CHAPTER**

Principal Place of Business

Mailing Address

~~900 UNIVERSITY BLVD., N.~~  
~~SUITE 200~~  
 JACKSONVILLE FL 32211

154 W 6th ST  
 JACK, FL 32206

P.O. BOX 2524  
 JACKSONVILLE FL 32203

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

**59-3475828**

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

**JACKSON, HELEN D**  
**8008 WHISPER LAKE LANE EAST**  
**PONTE VEDRA BEACH FL 32082**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Helen D. Jackson*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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 **PD** ☐ Delete  
 NAME **JACKSON, HELEN D**  
 STREET ADDRESS **8008 WHISPER LAKE LANE EAST**  
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE **1VD** ☐ Delete  
 NAME **MINNIFIELD, GERALD**  
 STREET ADDRESS **5227-SIDE-SADDLE-DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

TITLE **2V** ☐ Delete  
 NAME **PETERSON, FLORA**  
 STREET ADDRESS **8130 VILLAGE GATE COURT**  
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

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

TITLE **TD** ☐ Delete  
 NAME **WILEY, D J**  
 STREET ADDRESS **2550 SANDELWOOD CIRCLE**  
 CITY-ST-ZIP **ORANGE PARK FL 32065**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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:

*Helen D. Jackson*  
 REGISTERED

CR2E037 (4/02)

# 2002 UNIFORM BUSINESS REPORT (UBR)

3/29/02-91411-033-\$61.25-\$61.25

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Mailing Address

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Suite, Apt. #, etc.

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Ref # N97000006719  
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8008 WHISPER LAKE LANE EAST  
PONTE VEDRA BEACH FL 32082

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

Helen D. Jackson

3-12-02

Signature of registered agent and type 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 10/1-12/01

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, HELEN D 8008 WHISPER LAKE LANE EAST PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD MINNIFIELD, GERALD 5227 SIDE SADDLE DRIVE JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V PETERSON, FLORA 8130 VILLAGE GATE COURT JACKSONVILLE FL 32217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILEY, D J 2550 SANDELWOOD CIRCLE ORANGE PARK FL 32065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

Helen D. Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DO NOT WRITE IN THIS SPACE

870545  
Attachment

CR2E037 (9/01)

Attachment

#N97000006719

NATIONAL COALITION OF  
BLACK WOMEN INC  
PO BOX 2114  
JACKSONVILLE, FL 32203

619219 0843

3-10-02 Date

567.20

Pay to the order of

Rocky De, wife

Southtrust Bank

044444 0

106110941301 65 013 0190 0843

00600061254

[illegible]