2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2000 8:00 am
Secretary of State
05-05-2000 90038 039 ****61.25

DOCUMENT # N98000001458 (R)

1. Entity Name

FIRST COAST BLACK COMMUNICATORS ALLIANCE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 19643 JACKSONVILLE FL 32245-9643	P.O. BOX 19643 JACKSONVILLE FL 32245-9643

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-3500623 ☐ 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
ANDINO, VICTOR M 11369 CANVERBACK CT JACKSONVILLE FL 32225	Name ALLINIECE T. ANDINO Street Address (P.O. Box Number is Not Acceptable) 11369 CANVAS-BACK COURT City JACKSONVILLE FL Zip Code 32225

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 Alliniece T. Andino, president 4/24/2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ANDINO, VICTOR M D 11369 CANVASBACK CT JACKSONVILLE FL 32225	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANDINO, ALLINIECE T. 11369 CANVASBACK COURT D JACKSONVILLE, FL 32225	☐ Change ☑ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DVP PAUL, PERALTE C D 878 CORAL REEF WAY PONTE VEDRA FL 32082	☐ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	PALIAMENTARIAN T WEATHERSBEE, TONYAA ONE RIVERSIDE AVE. P.O. Box 1949 JACKSONVILLE, FL32231	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALLINIECE, TAYLOR 11389 CNAVASBACK CT JACKSONVILLE FL 32225	☑ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY T MACK, ANGELA 100 BROWARD ROAD APT # 1222 JACKSONVILLE, FL 32218	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, THE 6172 PETTIFORD DR W JACKSONVILLE FL 32209	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~PRESIDENT~~ ~~ANDINO, ALLINIECE T.~~ ~~11369 CANVASBACK~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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. Alliniece T. Andino 4/24/2000 (904) 359-4546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #