

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001458

091100

1. Entity Name

FIRST COAST BLACK COMMUNICATORS ALLIANCE, INC.

FILED

00 SEP 12 AM 11:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 19643
JACKSONVILLE FL 32245-9643

P.O. BOX 19643
JACKSONVILLE FL 32245-9643

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3500623

Applied For

Not Applicable

Zip

Country

Zip

Country

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 CANVASBACK CT
JACKSONVILLE FL 32225

Name

ANDINO, ALLINECE T.

Street Address (P.O. Box Number is Not Acceptable)

11369 CANVASBACK COURT

City

JACKSONVILLE, -09/19/00 FL 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 Reemee T. Andino

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/8/2000

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 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 DP ☒ Delete
NAME ANDINO, VICTOR M
STREET ADDRESS 11369 CANVASBACK CT
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE DP ☐ Change ☒ Addition
NAME ANDINO, ALLINECE T.
STREET ADDRESS 11369 CANVASBACK COURT
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE DVP ☒ Delete
NAME PAUL, PERALTE C
STREET ADDRESS 878 CORAL REEF WAY
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE DS ☐ Change ☒ Addition
NAME MACK, ANGELA C.
STREET ADDRESS 1000 GROWARD ROAD #1222
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE DS ☒ Delete
NAME ALLINECE, TAYLOR
STREET ADDRESS 11389 CANVASBACK CT
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE DT ☐ Change ☒ Addition
NAME HAWKINS, CHANTAY
STREET ADDRESS 9348 PADDLEWHEEL COURT
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE DP ☒ Delete
NAME WILLIAMS, THE
STREET ADDRESS 6172 PETTIFORD DR W
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE DC ☐ Change ☒ Addition
NAME WEATHERSBEE, TONYAA
STREET ADDRESS ONE RIVERSIDE AVE.
CITY-ST-ZIP JACKSONVILLE, FL 32231

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:

SIGNATURE REQUIRED

ALLINECE T. ANDINO

9/8/2000

(904)359-4546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

KE