

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90113 017 ****61.25

DOCUMENT # N98000001458

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

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

MARTIN, SHARON E
11440 WILLET COURT SOUTH
JACKSONVILLE FL 32225

Name

Russell Motley

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

11946 Harbour Cove Dr. S.

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

SIGNATURE

Russell Motley, President

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

(NOTE: Registered Agent signature required when reinstating)

8/24/02

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 **DS** ☒ Delete
 NAME **MACK, ANGELA C**
 STREET ADDRESS **1000 BROWARD ROAD #1222**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **D/P** ☐ Change ☐ Addition
 NAME **Russell Motley**
 STREET ADDRESS **11946 Harbour Cove Dr. S.**
 CITY-ST-ZIP **Jacksonville FL 32225**

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

TITLE **D/V** ☐ Change ☐ Addition
 NAME **Angela Spears**
 STREET ADDRESS **1070 East Adams St.**
 CITY-ST-ZIP **Jacksonville FL 32202**

TITLE **PD** ☒ Delete
 NAME **MARTIN, SHARON E**
 STREET ADDRESS **11440 WILLET COURT SOUTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D/T** ☐ Change ☐ Addition
 NAME **Leah Fleming**
 STREET ADDRESS **7595 Baymeadows Circle W. #1401**
 CITY-ST-ZIP **Jacksonville FL 32254**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D/V** ☐ Change ☐ Addition
 NAME **Tonyaa Weathersbee**
 STREET ADDRESS **One Riverside Ave.**
 CITY-ST-ZIP **Jacksonville FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D/S** ☐ Change ☐ Addition
 NAME **Jayne Bradford**
 STREET ADDRESS **2316 Gilmore St.**
 CITY-ST-ZIP **Jacksonville FL 32204**

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:

Russell Motley, president

8-28-02 (904) 996-0531

CR2E037 (4/02)