

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003099

1. Entity Name

JOHN GILMORE RILEY CENTER/MUSEUM FOR AFRICAN AME

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91067 001 ***122.50

Principal Place of Business

419 E JEFFERSON ST
TALLAHASSEE FL 32311

Mailing Address

P.O. BOX 4261
TALLAHASSEE FL 32315

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

59-3518113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAVIS, ROBERT
2851 MUIRWOOD CT
TALLAHASSEE FL 32312

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 CD
NAME TRAVIS, ROBERT
STREET ADDRESS 16 N. ADAMS ST.
CITY-ST-ZIP QUINCY FL 32351 ☒ Delete

TITLE CD
NAME Robert Travis
STREET ADDRESS 2851 Muirwood Ct
CITY-ST-ZIP Tallahassee, FL 32312 ☒ Change ☐ Addition

TITLE S
NAME PERRY, PLATT, ROSE
STREET ADDRESS 454 ELLIS RD.
CITY-ST-ZIP TALLAHASSEE FL 32311 ☒ Delete

TITLE S
NAME Anita Davis
STREET ADDRESS 108 Bragg Drive
CITY-ST-ZIP Tallahassee, Florida 32310 ☒ Change ☐ Addition

TITLE TD
NAME DRUMMING, SAUNDRA
STREET ADDRESS 2823 BANTRY BAY
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

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

TITLE VC
NAME WHITEHEAD, WANDA
STREET ADDRESS 6989 NAPA COURT
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

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

TITLE PD
NAME SPENCER, GWENDOLYN
STREET ADDRESS 3648 SHAMROCK WEST
CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ Delete

TITLE PD
NAME Walter Kelly
STREET ADDRESS 834 Barrie Avenue
CITY-ST-ZIP Tallahassee, FL 32303 ☒ Change ☐ Addition

TITLE AS
NAME THOMPSON, SHARYN
STREET ADDRESS 1229 SARASOTA DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

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

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: Robert Travis (Robert TRAVIS)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 (850)681-2881
Date Daytime Phone #

CR2E037 (10/00)