

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000003099**

1. Entity Name

**JOHN GILMORE RILEY CENTER/MUSEUM FOR AFRICAN AMERICAN HISTORY & CULTURE INC.**

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

**419 E. Jefferson St**

3. Mailing Address

**P.O. Box 4261**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Tallahassee, FL**City & State  
**Tallahassee, FL**

4. FEI Number

**59-3518113**

Applied For

Not Applicable

Zip  
**32301**Country  
**US**Zip  
**32315**Country  
**US**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****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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
TRAVIS, ROBERT  
2851 MUIRWOOD CT  
TALLAHASSEE FL 32312** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
Travis, Robert  
2851 Muirwood Ct  
Tallahassee, FL 32312** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
DAVIS, MITA  
708 BRAGG DRIVE  
TALLAHASSEE FL 32310** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
Anita Davis  
708 Bragg Drive  
Tallahassee, FL 32310** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
DRUMMING, SAUNDRA  
2623 BANTRY BAY  
TALLAHASSEE FL 32308** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VC  
WHITEHEAD, WANDA  
6989 NAPA COURT  
TALLAHASSEE FL 32311** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
KELLY, WALTER  
824 BARNIE AVENUE  
TALLAHASSEE FL 32303** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
THOMPSON, SHARYN  
1229 SARASOTA DRIVE  
TALLAHASSEE FL 32301** ☐ DeleteTITLE  
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:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/02**  
Date**(850) 681-7881**  
Daytime Phone #

CR2E037 (9/01)