2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000000295

1. Entity Name
Caribbean Organization of Tallahassee Incorporated

Principal Place of Business	Mailing Address
1202 East Park Avenue Suite B Tallahassee, Florida 32301	1202 East Park Avenue Suite B Tallahassee, Florida 32301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
501 East Tennessee Street	P.O. Box 5674
Suite, Apt. #, etc.: Suite C	Suite, Apt. #, etc.: N/A
City & State: Tallahassee, Florida	City & State: Tallahassee, Florida
Zip: 32308 Country: U.S.A.	Zip: 32314 Country: U.S.A.

4. FEI Number: 59-3609069 ☐ 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
Angela Dickenson Tallahassee, Florida 32314 or 3111 Pontiac Drive Tallahassee, Florida 32301	Name: Stephen R. A. Knight Street Address (P.O. Box Number is Not Acceptable): 501 East Tennessee Street Suite C City: Tallahassee **FL** Zip Code: 32308

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: Stephen Knight RR/D STEPHEN KNIGHT 9/11/00
Signature, type 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	T/D Stuart Cumberbatch 4141 Mission Trace Blvd. Tallahassee, Florida 32303 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Angela Dickenson P.O. Box 7675; Tallahassee, Florida 32314 or 3111 Pontiac Drive; Tallahassee, Florida 32301 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Phyllis Walker 2424 West Thorpe Street #1-C Tallahassee, Florida 32303 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D David Keen 1516 Blockford Court East Tallahassee, Florida 32311 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Zalika Kaza 1200 Storms Street, Apt #5B Tallahassee, Florida 32310 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300003390423--3 -09/12/00--01079--001 *****70.00 *****70.00 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Aisha Ajani 806 Essex Drive Tallahassee, Florida 32310 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Leonilla Ajani 806 Essex Drive Tallahassee, Florida 32310 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete TS	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PR/D Stephen R.A. Knight 501 East Tennessee, ~~Florida~~ Suite C Tallahassee, Florida 32310 ☐ 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: Angela Dickenson, Angela Dickenson 11 September 2000 (850) 671-4577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #