

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000 295

1. Entity Name

Caribbean Organization of Tallahassee, Inc. COTI

Principal Place of Business

Mailing Address

APPROVED  
AND  
FILED

01 JUN 21 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

501 East Tennessee Street

3. Mailing Address

P.O. Box 5674

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C

N/A

City & State

City & State

Tallahassee, Florida

Tallahassee, Florida

Zip

Country

Zip

Country

32308

U.S.A.

32314

U.S.A.

4. FEI Number

59-360 9069

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

Stephen R.A. Knight

Name

501 East Tennessee Street

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

Suite C

Tallahassee, Florida 32308

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	President / Director Angela I. Dickenson P.O. Box 7675 Tallahassee, Florida 32314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President / Director David Keen 1516 Blockford Court East Tallahassee, Florida 32311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Correspondence Secretary / Director Zalika Keza 1200 Skarns Street Apt #5B Tallahassee, Florida 32310	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Recording Secretary / Director Aisha Ajani 806 Essex Drive Tallahassee, Florida 32304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer / Director Leonilla Ajani 806 Essex Drive Tallahassee, Florida 32304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Public Relation Specialist / Director Stephen R.A. Knight 2019 Sugar Maple Court Tallahassee, Florida 32308	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Enid Lunan 2409 Bass Bay Dr Tallahassee, Florida 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mervin E. Ralph 2925 Fairview Drive Tallahassee, Florida 32307	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ryan Urbanman Director 218 Dorothy Loop Tallahassee, Florida 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0000004449520-8 -06/28/01--01043--010 *****70.00 *****70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

SP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 June 01

Date

850.321-5108

850-671-4577

Daytime Phone #

CR2E037 (11/00)