

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90101 036 ****70.00

DOCUMENT # N99000000374

1. Entity Name

ST. PETERSBURG AREA BLACK CHAMBER OF COMMERCE IN

Principal Place of Business

Mailing Address

1950 1ST AVENUE NORTH
 SUITE 211/212
 ST. PETERSBURG FL 33713
 US

1950 1ST AVENUE NORTH
 SUITE 211/212
 ST. PETERSBURG FL 33713
 US

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

59-3553939

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

WILLIAMS, LORIAN S
1950 1ST AVENUE NORTH
SUITE 211/212
ST. PETERSBURG FL 33713

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 **D** ☐ Delete
 NAME **WASHINGTON, GWENDOLYN**
 STREET ADDRESS **2612 GRANADA CIRCLE W**
 CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **VS/D** ☒ Change ☐ Addition
 NAME **Gwendolyn Washington**
 STREET ADDRESS **2612 Granada Circle W**
 CITY-ST-ZIP **St. Petersburg, FL 33712**

TITLE **VP** ☐ Delete
 NAME **DONALDSON, RONALD**
 STREET ADDRESS **2067 1ST AVENUE NORTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE **E/D** ☒ Change ☐ Addition
 NAME **Ron Donaldson**
 STREET ADDRESS **2067 1st Avenue North**
 CITY-ST-ZIP **St. Petersburg, FL 33713**

TITLE **T** ☒ Delete
 NAME **COLLINS, DONALD**
 STREET ADDRESS **3606 CENTRAL AVENUE**
 CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **T/D** ☐ Change ☒ Addition
 NAME **Fibran Thomas**
 STREET ADDRESS **1714 West Cass St.**
 CITY-ST-ZIP **Tampa, FL 33606**

TITLE **D** ☒ Delete
 NAME **COOK, CINDY**
 STREET ADDRESS **14820 RUEDE BAYONNE UNIT 406**
 CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE **VE/D** ☐ Change ☒ Addition
 NAME **Gena Cox**
 STREET ADDRESS **2519 Mcmullen Booth Road #510-188**
 CITY-ST-ZIP **Clearwater, FL 33761**

TITLE **VS** ☒ Delete
 NAME **DONALDSON, LONNIE**
 STREET ADDRESS **2500 DR. MARTIN LUTHER KING ST. SOUTH**
 CITY-ST-ZIP **ST. PETE FL**

TITLE **S/D** ☐ Change ☒ Addition
 NAME **Freddie Hutchcraft**
 STREET ADDRESS **430 S. Gulfview Blvd.**
 CITY-ST-ZIP **Clearwater, FL 33767**

TITLE **D** ☐ Delete
 NAME **WILLIAMS, LORIAN S**
 STREET ADDRESS **2620 MIKEL TERRACE SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **D** ☒ Change ☐ Addition
 NAME **Lorian S. Williams**
 STREET ADDRESS **2620 MIKOL TERRACE**
 CITY-ST-ZIP **St. Petersburg, FL 33712**

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

Date

Daytime Phone #

Lorian S. Williams

1/8/02

(727) 822-1203

CR2E037 (9/01)