

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001195

1. Entity Name

HISTORICALLY BLACK COLLEGES- UNIVERSITIES AND MINORITY INSTITUTIONS RESEARCH ALLIANCE, INCORPORATED

Principal Place of Business

Mailing Address

640 DR. MARY MCLEOD BLVD.  
DAYTONA BEACH FL 32114-3099

640 DR. MARY MCLEOD BLVD.  
DAYTONA BEACH FL 32114-3099

FILED

02 NOV -1 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/01/02 01097 015 \*\*150.75



DO NOT WRITE IN THIS SPACE

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

53-3558599

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

VALENTINE, H. HARRISON  
3170 N.W. 48TH ST.  
MIAMI FL 33142-3419

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$238.25.

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NICHOLSON, THEODORE R SR. DR.<br>BETHUNE-COOKMAN COLLEGE<br>DAYTONA BEACH FL | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BOND, ARTHUR DR.<br>A&M UNIVERSITY<br>HUNTSVILLE AL                          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MADISON, MAJOR DR.<br>LANGSTON UNIVERSITY<br>LANGSTON OK                     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ALO, RICHARD DR.<br>UNIVERSITY OF HOUSTON-DOWNTOWN<br>HOUSTON TX             | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO<br>VALENTINE, H. HARRISON<br>3170 N.W. 48TH ST.<br>MIAMI FL 33142             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   | <input type="checkbox"/> Delete            |

|                                                |                                                                              |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LOWERY, BENNIE<br>GRAMBLING STATE UNIVERSITY<br>GRAMBLING, LA           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BURGE, LEGAND<br>TUSKEGEE UNIVERSITY<br>TUSKEGEE, AL                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GULLEY, LARRY<br>SOUTHERN UNIVERSITY<br>NEW ORLEANS, LA                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>I. K. DABIP<br>UNIVERSITY OF MARYLAND ES<br>PRINCESS ANNE MD 21853-1291 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>VALENTINE, Brenda<br>SOURCE INSTITUTE<br>Columbia, MD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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CR2037 (4/02)

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 OF VALENTINE, H. HARRISON

8-25-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/1/02



Division of Science and Mathematics

October 30, 2002

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Subject: HISTORICALLY BLACK COLLEGES-UNIVERSITIES AND MINORITY

Reference Number: N99000001195

Please accept this revision at this time because I did not receive this response until October 30, 2002 at 11:50 a.m.

Respectfully,

Theodore R. Nicholson, Sr., Ph.D.  
Chairman, Division of Science and Mathematics

