

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

06-29-2001 90002 002 \*\*\*\*61.25

**DOCUMENT # N99000002794**

1. Entity Name

**THE AFRICAN-AMERICAN NATIONAL UNITED FOUNDATION,**

(R)

Principal Place of Business

14540 JACKSON STREET  
 MIAMI FL 33176

Mailing Address

14540 JACKSON STREET  
 MIAMI FL 33176

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

**APPLIED FOR**

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

**FAUNTROY, RAY**  
**14540 JACKSON STREET**  
**MIAMI, FL 33176**

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 **PD**  Delete  
 NAME **FOUNTROY, RAYMOND C**  
 STREET ADDRESS **14540 JACKSON ST**  
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **SALTER, CHARLIE J**  
 STREET ADDRESS **3464 DOMI FITZ CT**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **HANBLE, JJ**  
 STREET ADDRESS **4221 GREEN FERN DR**  
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STSA**  Delete  
 NAME **DICKERSON, SANDRA**  
 STREET ADDRESS **796 NW 186 DR**  
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MD**  Delete  
 NAME **STUCKEY, DARYL**  
 STREET ADDRESS **11950 AUTUMN WOOD LN**  
 CITY-ST-ZIP **FORT WASHINGTON MD 20744**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DM**  Delete  
 NAME **PECKE, MARK**  
 STREET ADDRESS **7009 TREE HILLS PKWY**  
 CITY-ST-ZIP **STONE MOUNTAIN GA 30088**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 lines empowered.

SIGNATURE:

**REINSTATEMENT REQUIRED**

*May 18, 2001* 305-5770616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)

A Hachmet

9967

~~Doc #~~ N99000002794

# 65-1101657

EIN #

*RydW*