

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N09000005610**  
 1. Entity Name  
**CITIZENS ORGANIZED FOR ENVIRONMENTAL JUSTICE INC.**

**FILED**  
**00 AUG 24 AM 8:27**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**3503 N. PEARL ST P.O. Box 40652**  
**JACKSONVILLE, FL**  
**32203**

2. Principal Place of Business 3. Mailing Address  
**3503 N. PEARL ST P.O. Box 40652**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**JACKSONVILLE FL JACKSONVILLE FL**  
 Zip Country Zip Country  
**32206 USA 32203 USA**

DO NOT WRITE IN THIS SPACE  
**07/13/00 90022 005 61.25**  
 4. FEI Number Applied For  
**59-3626412** Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CAROL WYCHE**  
**1850 W. 33rd STREET**  
**JACKSONVILLE, FL 32209**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$81.25  
 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

TITLE	CHAIRPERSON	<input type="checkbox"/> Delete
NAME	NEILLIE R. TUNSI II (D)	
STREET ADDRESS	1947 W. 30th STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	VICECHAIRPERSON	<input type="checkbox"/> Delete
NAME	JOYCE MCLOUTCHENS (D)	
STREET ADDRESS	601 N. OCEAN STREET #307	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	RECORDING SECRETARY	<input type="checkbox"/> Delete
NAME	NORA WILLIAMS (D)	
STREET ADDRESS	1720 NASH ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	
TITLE	ASHEEN MUHAMMAD (D)	<input type="checkbox"/> Delete
NAME	TREASURER	
STREET ADDRESS	113 EAST 45th STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	CORRESPONDING SECRETARY	<input type="checkbox"/> Delete
NAME	ASHEEN MUHAMMAD (D)	
STREET ADDRESS	113 EAST 45th STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	COMMUNITY ADVOCATE (D)	<input type="checkbox"/> Delete
NAME	MACK FREEMAN (Delete)	
STREET ADDRESS	5765 MARI GOLD ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: **NEILLIE R. TUNSI II**  
 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **05-31-00** Daytime Phone # **904 633 8030**

CR2E037 (9/99)

7/20