

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 23, 2000 8:00 am
Secretary of State

04-22-2000 90071 028 ****61.25

DOCUMENT # N99000005865

1. Entity Name

COALITION FOR BLACK STUDENT ACHIEVEMENT, INC.

Principal Place of Business

1914 37TH ST.
 WEST PALM BEACH FL 33407

Mailing Address

1914 37TH ST.
 WEST PALM BEACH FL 33407-3506

2. Principal Place of Business

1124 Broadway
 Suite, Apt. #, etc. # T

3. Mailing Address

P.O. Box 10180
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Riviera Beach FL
 Zip 33404 Country USA

City & State

Riviera Beach FL
 Zip 33414 Country USA

4. FEI Number

65-0962750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, DEBRA L
 1914 37TH ST.
 WEST PALM BEACH FL 33407

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BUIE, L.E.	
STREET ADDRESS	1409 W. 30TH ST.	
CITY-ST-ZIP	RIVERIA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARAMORE, CYNTHIA	
STREET ADDRESS	P.O. BOX 758	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRYER, MICHELLE	
STREET ADDRESS	715 44TH ST.	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, MONICA	
STREET ADDRESS	4152 W. BLUE HERON BLVD., #123	
CITY-ST-ZIP	RIVERIA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS, HAZEL	
STREET ADDRESS	10290 SHOWBOAT LN.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAING, DEBBYE	
STREET ADDRESS	609 CLEAR LAKE AVE.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

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	
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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)