

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2002 90114 037 ****61.25

DOCUMENT # N99000007313

1. Entity Name

**CENTRAL FLORIDA ASSOCIATION OF BLACK JOURNALISTS
 AND BROADCASTERS, INC.**

Principal Place of Business

**5807 ELON DRIVE
 ORLANDO FL 32808-1809**

Mailing Address

**5807 ELON DRIVE
 ORLANDO FL 32808-1809**

2. Principal Place of Business

219

3. Mailing Address

419

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

59-2503647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GLOVER, CHET
 5807 ELON DRIVE
 ORLANDO FL 32808-1809**

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

Chet Glover

4/30/02

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 **PD** ☐ Delete
 NAME **WHEELER, KEITH**
 STREET ADDRESS **633 N. ORANGE AVE.**
 CITY-ST-ZIP **ORLANDO FL 32802**

TITLE **VD** ☒ Delete
 NAME **FULLER, JOEN**
 STREET ADDRESS **1021 N. WYMORE RD.**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **VD** ☒ Delete
 NAME **GREEN, MERISSA**
 STREET ADDRESS **360 24TH ST. NW**
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **SD** ☒ Delete
 NAME **CANTOR, TOMMY**
 STREET ADDRESS **633 N. ORANGE AVE.**
 CITY-ST-ZIP **ORLANDO FL 32802**

TITLE **TD** ☐ Delete
 NAME **GLOVER, CHET**
 STREET ADDRESS **5807 ELON DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32808-1809**

TITLE **D** ☐ Delete
 NAME **JOHNSON, MAX**
 STREET ADDRESS **6748 GIANT OAK LANE #174**
 CITY-ST-ZIP **ORLANDO FL 32810**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32801**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
 NAME **Tammy Carter**
 STREET ADDRESS **633 N. Orange Ave.**
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Gretchen Demps-Simmons**
 STREET ADDRESS **243 Does Lane**
 CITY-ST-ZIP **Apopka, FL 32703**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/30/02

(407) 251-3919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)