

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007356

1. Entity Name

SANKOFA INTERNATIONAL INSTITUTE FOR CULTURE, EDU ✓

Principal Place of Business

237 W 40 STREET  
JACKSONVILLE FL 3206

Mailing Address

P O BOX 3144  
JACKSONVILLE FL 32206

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

61059-3625944

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORISHADE, ADETOKUNBO  
237 W 40 STREET  
JACKSONVILLE FL 3206

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  
After September 13, 2000 min. will be \$236.25

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	<input type="checkbox"/> Delete
NAME	BORISHADE, ADETOKUNBO K	
STREET ADDRESS	239 W 40 ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GAMBLE-MARLEY, LORRAINE K	
STREET ADDRESS	3939 ROOSEVELT BLVD #146	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRYANT, STEPHANIE	
STREET ADDRESS	4250 CARROLL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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:

*AGENT BIRSHADE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jul 19, 2000 8:00 am  
Secretary of State

07-19-2000 90016 017 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)

7/15/00