

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S68830

1. Entity Name

VOICES OF BROTHERHOOD, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90077 017 ***150.00

Principal Place of Business

Mailing Address

P O BOX 291093
TAMPA FL 33687-1093
US

P O BOX 291093
TAMPA FL 33687-1093

2. Principal Place of Business

P.O. Box 272519

3. Mailing Address

P.O. Box 272519

Suite, Apt. #, etc.

Tampa, Florida

Suite, Apt. #, etc.

Tampa, Florida

City & State

City & State

4. FEI Number

59-3105923

Applied For

Not Applicable

Zip

33688

Country

USA

Zip

33688

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UPPERCUE, H. BRENTON
14520 WESSEX ST
TAMPA, 33625 FL 33625

Name Uppercue, H. BRENTON

Street Address (P.O. Box Number is Not Acceptable)
4607 SUN VALLEY DR.

City TAMPA

FL

Zip Code 33625

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 *H. Brenton Uppercue*

Treasurer

3-11-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME WILLIAMSON, HARRY J.
STREET ADDRESS 8201 NATCHEZ ST
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE D
NAME KING, JOHN A.
STREET ADDRESS 1102 ARBOLEADA COURT
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE D
NAME UPPERCUE, H. BRENTON
STREET ADDRESS 14520 WESSEX ST
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE TREASURER
NAME UPPERCUE, H. BRENTON ☒ Change ☐ Addition
STREET ADDRESS 4607 SUN VALLEY DR
CITY-ST-ZIP TAMPA, FLORIDA 33625

TITLE D
NAME HILL, WAYNE R
STREET ADDRESS 8414 DEL ROY COURT #344
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE D
NAME HILL, WAYNE R ☒ Change ☐ Addition
STREET ADDRESS 13213 22ND STREET NORTH
CITY-ST-ZIP TAMPA, FLORIDA 33612-3889

TITLE D
NAME CARTER, JAMES C.
STREET ADDRESS 3806 SOUTHVIEW DR.
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *H. Brenton Uppercue*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-00 (813)631-4694
Date Daytime Phone #

CR2E034 (9/99)