## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: '

## FILED DOCUMENT # **767980** Feb 29, 2000 8:00 am 1. Entity Name **Secretary of State** NATIONAL HOOK-UP OF BLACK WOMEN, INC. TALLAHASSE 02-29-2000 90158 035 \*\*\*\*61.25 Mailing Address Principal Place of Business P.O. BOX 6647 3412 BLUE JAY DRIVE TALLAHASSEE FL 32314-6647 TALLAHASSEE FL 32310 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 52-1154213 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MS. BARBARA R. HARVEY 3412 BLUE JAY DRIVE TALLAHASSEE FL 32310 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition A Delete TITI F TITLE President NAME HARVEY, MS. BARBARA R. NAME Jones,,Shirley STREET ADDRESS STREET ADDRESS 3412 BLUE JAY DRIVE 3138 Corrib D<u>ri</u>ve 32308 CITY-ST-7IP CITY-ST-7IP TALLAHASSEE FL Tallahassee, Change Addition TITLE VD ☐ Delete TITLE NAME NAME avent, mary STREET ADDRESS STREET ADDRESS 1515 PAUL RUSSELL RD. CITY-ST-ZIP \_\_ CITY-ST-ZIP TALLAHASSEE FL 32301 Change XX Addition TITLE TITI F VD X Delete 2nd Vice President NAME JEFFERSON, MRS. SHARON NAME Dot Reid STREET ADDRESS 729 SILVER MAPLE DRIVE STREET ADDRESS 506 Dupont Drive CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL Tallahassee, FL TY Change ☐ Addition TD XX Delete TITLE Treasurer WILIAMS, DR. JUANITA NAME Barbara R. Harvey STREET ADDRESS STREET ADDRESS 3005 WAHNISH WAY 3412 Blue Jay Drive CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL <del>Tallahassee, FL --32310</del> ☐ Addition ☐ Change Delete TITLE TITLE NAME MURRAY, BERTHA STREET ADDRESS STREET ADDRESS 4472 COOL EMERALD DR. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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