

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90071 023 \*\*\*\*61.25

**DOCUMENT # 767980**

1. Entity Name

**NATIONAL HOOK-UP OF BLACK WOMEN, INC. TALLAHASSEE E CHAPTER**

Principal Place of Business

Mailing Address

**3412 BLUE JAY DRIVE  
 TALLAHASSEE FL 32310  
 US**

**P.O. BOX 6647  
 TALLAHASSEE FL 32314-6647  
 US**

2. Principal Place of Business

3. Mailing Address

**3138 CORRIB DRIVE**

Suite, Apt. #, etc.  
**TALLAHASSEE, FL**

City & State

Suite, Apt. #, etc.

City & State

4. FEI Number

**52-1154213**

Applied For

Not Applicable

Zip  
**32309**

Country  
**USA**

Zip

Country

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

**MS. BARBARA R. HARVEY  
 3412 BLUE JAY DRIVE  
 TALLAHASSEE FL 32310**

Name **DR. SHIRLEY A. JONES**

Street Address (P.O. Box Number is Not Acceptable)

**3138 CORRIB DRIVE**

City **TALLAHASSEE, FL** Zip Code **32309**

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.

**PRESIDENT**  
 SIGNATURE **SHIRLEY A. JONES, Ph.D.** *Shirley A. Jones, Ph.D.* **2-20-02**  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, SHIRLEY</b>	
STREET ADDRESS	<b>3138 CORRIB DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, JUANITA</b>	
STREET ADDRESS	<b>697 LUPINE LANE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PERRY, IRENE</b>	
STREET ADDRESS	<b>3105 RACKLEY DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32310</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARVEY, BARBARA R</b>	
STREET ADDRESS	<b>3412 BLUE JAY DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32310</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>AVENT, MARY</b>	
STREET ADDRESS	<b>1515 PAUL RUSSEL RD #63</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE		<input type="checkbox"/> Delete
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	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUDGINS, KALISHA</b>	
STREET ADDRESS	<b>313 TALWOOD DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32312</b>	
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: *Shirley A. Jones, Ph.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-20-02 (850) 893-1926**  
Date Daytime Phone #

CR2E037 (9/01)