

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90333 002 ****70.00

DOCUMENT # N44839

1. Entity Name
100 BLACK MEN OF PENSACOLA, INC.

Principal Place of Business Mailing Address
514 N. DEVILLIERS ST. **P. O. BOX 18536**
PENSACOLA FL 32501 **PENSACOLA FL 32523**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3068740	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GANT, FREDERICK JEROME 322 WEST CERVANTES STREET PENSACOLA FL 32503		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, WILLIAM E	NAME	
STREET ADDRESS	2550 N 15TH AVE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORVEY, ELVIN	NAME	
STREET ADDRESS	1770 EAST BAARS STREET	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TICE, RALPH	NAME	
STREET ADDRESS	559 TALLOW TREE DR	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32506	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, SAMUEL A	NAME	
STREET ADDRESS	550 WYNNEHURST ST.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENZIE, GERALD	NAME	
STREET ADDRESS	P O BOX 1542	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32597	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANT, FREDERICK PARL.	NAME	
STREET ADDRESS	849 MAPLEWOOD CIR	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32597	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 lines empowered.

SIGNATURE: Samuel A. Horton 4/27/02 (850) 452-3132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/01)