

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45307

1. Entity Name

100 BLACK MEN OF JACKSONVILLE, FLORIDA, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90082 026 ****61.25

Principal Place of Business

Mailing Address

**1336 W EDGEWOOD AVENUE
 JACKSONVILLE FL 32208
 US**

**POST OFFICE BOX 2065
 JACKSONVILLE FL 32203-2065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3190565

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DILLARD, GENE
 1335 W EDGEWOOD
 JACKSONVILLE FL 33208**

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.

\$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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINNIX, KENNETH M	NAME	
STREET ADDRESS	5465 RIVERTON RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	CITY-ST-ZIP	
TITLE	VPOD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSON, RICHARD L JR	NAME	
STREET ADDRESS	1000 BROWARD RD, APT #808	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	CITY-ST-ZIP	
TITLE	VPPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, BENNY	NAME	
STREET ADDRESS	12677 BISCAYNE LAKE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	CITY-ST-ZIP	
TITLE	VPDD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAIGE, ROOSEVELT	NAME	
STREET ADDRESS	2666 SHANNON ST.	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32065	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLARD, GENE	NAME	
STREET ADDRESS	8483 COUNTRY CRK. BLVD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32221	CITY-ST-ZIP	
TITLE	VPF <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOKLEY, JR. H	NAME	
STREET ADDRESS	1223 TURTLE CREEK DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	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: *Gene Dillard*
Gene Dillard, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00 (904) 924-2545

Date Daytime Phone #

CR2E037 (9/99)