

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90128 017 \*\*\*\*61.25

**DOCUMENT # N45307**

1. Entity Name

**100 BLACK MEN OF JACKSONVILLE, FLORIDA, INC.**

Principal Place of Business

Mailing Address

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

**POST OFFICE BOX 2065  
 JACKSONVILLE FL 32203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3190565**

Applied For

Not Applicable

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

**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

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 **PD**  Delete  
 NAME **PINNIX, KENNETH M**  
 STREET ADDRESS **5465 RIVERTON RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPOD**  Delete  
 NAME **TYSON, RICHARD L JR**  
 STREET ADDRESS **1000 BROWARD RD, APT #808**  
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPPD**  Delete  
 NAME **MOORE, BENNY**  
 STREET ADDRESS **12677 BISCAYNE LAKE DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE  Change  Addition  
 NAME **VPPD Melvin A. Wooden**  
 STREET ADDRESS **1219 Mayport Landing Drive**  
 CITY-ST-ZIP **Jacksonville, Fl 32233**

TITLE **VPDD**  Delete  
 NAME **PAIGE, ROOSEVELT**  
 STREET ADDRESS **2666 SHANNON ST.**  
 CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE  Change  Addition  
 NAME **VPDD - Donald Holmes**  
 STREET ADDRESS **3740 Wexford Hollow Rd. East**  
 CITY-ST-ZIP **Jacksonville, Fl 32224**

TITLE **S**  Delete  
 NAME **DILLARD, GENE**  
 STREET ADDRESS **8483 COUNTRY CRK. BLVD.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPF**  Delete  
 NAME **YOKLEY, JR. H**  
 STREET ADDRESS **1223 TURTLE CREEK DR**  
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE  Change  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 employment.

SIGNATURE:

*Gene Dillard*

**4-23-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)